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PART FIRST.

ORIGINAL COMMUNICATIONS.

ART. I.—*Interesting Cases from Private Practice, with Remarks.* By R. L. HOWARD, M. D. Professor of Surgery in the Starling Medical College.

TRUTHFUL descriptions of the symptoms, pathology and treatment of the more interesting and rarer cases which occur in the practice of experienced members of the profession, are of more essential service than volumes of recondite theories or speculations, however learned, unsupported by facts. None but the young physician or surgeon, who is compelled to grapple with a formidable disease or injury, can appreciate the value of a parallel case, whose treatment has been conducted to a successful issue. I propose, therefore, to give in the present, and perhaps in future numbers of this Journal, the history of such cases as I am persuaded will be advantageous to the younger members of our profession—accompanied by practical remarks.

CASE I.—*Strangulated Femoral Hernia, with Sloughing of Intestine, and fæcal discharge from the wound ten days after the operation. Patient enciente.*

ON the 18th of December last I was called to see Mrs. S., aged 40, who was laboring under strangulated femoral hernia of the right side. On enquiry, I found the history of the case as follows. Five days previous, on making a sudden effort, Mrs. S. felt a stinging pain in the right groin. Placing her hand upon that point, she observed a small tumor, which, as she had experienced the same on other similar occasions, gave her no alarm. As it did not subside by pressure, as formerly, she called in her physician, who at once detected the nature

of the case, and adopted the usual means for its reduction, but being unsuccessful, advised that I should be sent for, with the idea of resorting, if necessary, to an operation. This she declined, and called in another respectable physician, who took a similar course, with like results. Having passed through the hands of three or four, and finding herself rapidly sinking, I was called.

Present Symptoms.—Tumor in the right groin, the size of an egg; the integument over it dark red and extremely tender to the slightest touch—abdomen very tumid, partly from gas, and partly from a gravid uterus, as she was near four months advanced in pregnancy. Pulse small and frequent; obstinate vomiting and constipation; great sinking of the vital powers; in fact, there were the usual symptoms of strangulated hernia on the eve of gangrene. As the taxis was now entirely impracticable, I advised, and my patient consented to an immediate operation.

On making the usual dissections, with the assistance of Professor Judkins, Dr. Denig and others, I found the layers firmly agglutinated by adhesive inflammation. The sac was thickened, deeply inflamed, and everywhere firmly adhered to the hernial contents. These adhesions were broken up. The stricture, found at Gymbernat's ligament was divided directly inwards. The protruded intestine presented a somewhat gangrenous appearance, but it was not absolutely mortified. As there was slight sensibility to pressure with forceps, it was returned into the abdominal cavity, though with some apprehensions as to the result. The wound was closed with sutures and strips, and the patient placed in bed. She was speedily relieved of that agonizing distress and excessive nausea with which she had been harrassed uninterruptedly for five days and nights. For the purpose of arresting inflammatory action, and exciting the secretions, I prescribed calomel 2 grs. and opium ½ gr. every four hours. Within a few hours after the operation, she had several copious and very offensive evacuations from the bowels. These recurred every day, and the symptoms in all respects indicated a prosperous result.

On the seventh day after the operation there was an appearance of uterine hemorrhage. This increased gradually, until the 9th, when to my surprise, I was informed there was a free evacuation of fœces from the wound, together with sloughs from the intestine and sac. The mental excitement induced by this event, produced a sudden aggravation of the hemorrhage, which proceeded very soon to an alarming extent, and was only controlled partially by opium, sugar of lead, cold applications and perfect quietness. In about three days

the flooding abated, but so far as could be discovered, the uterus had not expelled the fœtus. The fœcal evacuations continued both from the wound and the rectum. The artificial anus however, gradually contracted, so that at the end of three weeks it was a mere fœcal fistula. From this date the patient has gradually improved, the appetite is restored, peritonitis, except in the right iliac region, subsided. The evacuations are regular, but the fistula still remains patulous. She has been, for the last three months, at times, greatly afflicted with colic, which I attribute to contraction of the intestine, produced by granulation and cicatrization.

Remarks.—A few practical hints may be deduced from the history of this case. First. It teaches the importance of an early operation for strangulated hernia, and the dangers of procrastination. Every surgeon should adopt the rule *never to leave a patient with strangulated hernia, until it is reduced either by the taxis or by operation.* This rule should admit of *few* exceptions. The operation was seldom, if ever performed too early, while it has been resorted to frequently, when too late.

Second. It shows the danger of returning a gangrenous intestine into the abdomen. In this case, though hazardous, it probably saved the patient the establishment of a permanent incurable artificial anus. In others perhaps equally promising, it might result in fatal extravasation of fœcal matter into the peritoneal cavity. In cases where the vitality of the protruded intestine is extinguished, it and the stricture should be divided, and the parts allowed to slough. As a general rule, in cases where strong doubts exist as to the absence of vitality in the part, it is better, after relieving the stricture, to allow the protrusion to remain unreduced until circulation is established, or mortification is complete, and then treat it accordingly.

Third. It teaches us that however desperate and hopeless the case may appear, it should never be abandoned. The operation may be resorted to, even in the lowest degree of depression, where gangrene is certain. It is simple—attended with little pain and no danger. It *may* do good—it *may* save the life of a fellow-being.

CASE II.—*Fibrous Tumor of the hard and soft palate, the size of an egg; 20 years standing. Operation—Cure.*

Aug. 1st, 1848, J. S. D., aged 41, came from Galeon, Crawford Co., Ohio, to consult me respecting a tumor in his mouth.—The history of the case was briefly this. About 20 years ago, he observed a small lump arising from the hard palate, the size of a garden bean. It continued to increase very gradually

for 15 years, when it was no larger than a nut. The last five years it has grown more rapidly, but has ever been destitute of pain.

Present appearance.—On depressing the lower jaw, the eye falls upon a large nodulated tumor, which seemed to fill the whole cavity of the mouth. In its general outline, it was egg-shaped, attached by a broad base to the roof of the mouth from near the incisor teeth in front, to the very border of the velum palati, mainly upon the right side. It was extremely hard, but not painful when pressed firmly.

I advised its removal by excision, to which he consented.—In the operation, in my apprehension, there were two difficulties to encounter. 1st. If carcinomatous there might be unpleasant hemorrhage. 2d. To remove the tumor without penetrating the soft palate. With the assistance of my colleagues, Drs. Smith and Carter, and several medical gentlemen, I placed the patient in a high barber's chair, with the head thrown back, and to one side, and the jaws being widely separated, I proceeded to the operation, which I completed speedily, and to my great satisfaction, without including the entire thickness of the soft palate. The hemorrhage was not profuse, nor was the pain of the operation severe.

The wound granulated kindly, and until the time of his departure, one week after the operation, was there any indications of a renewal of morbid growth. Several months subsequently, a letter was received from Mr. D. in which he stated that cicatrization was complete.

Remarks.—Tumors in connexion with the hard or soft palate are extremely rare. Dr. Warren, in his work on Tumors, gives an instance wherein a tumor, the size of a nut, made its appearance in the soft palate. He removed it with the knife, but unfortunately made an opening through, into the nasal passage, but succeeded in closing it with sutures. In the year 1845, I saw a case of open cancer of the soft palate in a man about 50 years of age, which soon afterwards terminated fatally.

CASE III.—*Pebble stone in the Trachea, the size of a large pea.—Tracheotomy—cure.*

ON the 1st of August, same date of the above operation, Levi Goodman, aged 7 years, was brought to me from Perry, Franklin Co. Ohio, with a foreign body in the trachea. One week previous to this date, while lying on the floor with a small pebble in his mouth, on taking a sudden inspiration, the pebble slipped into his larynx. Immediately symptoms of suffocation ensued, and threatened speedy dissolution; but fortunately the

stone passed into the trachea, which gave instantaneous relief. The boy now experienced no inconvenience except on coughing or taking exercise, then the spasmodic respiratory efforts would force the stone against the cricoid cartilage, and backward again upon the bifurcation of the trachea with great violence. The patient was placed in a high chair, with his head thrown backward, and held firmly by assistants. An incision was made from the cricoid cartilage to the top of the sternum, through the integument—the thyroid veins being drawn aside, the dissection was continued till the trachea was exposed.—Here a hook was inserted into the cricoid cartilage, and drawn upwards by an assistant, for the purpose of tightening the wind pipe to make it more prominent and manageable. A tenotomy knife was passed through the rings of the trachea at the lower part of the wound, and the section was completed by a small probe pointed bistoury. As soon as the bistoury was withdrawn a convulsive cough expelled the pebble with great force. At the commencement of the operation, the boy evinced great alarm from it, but as soon as the foreign body was expelled, he looked up in my face, and cried out indistinctly, "it didn't hurt me a bit." This would have been a strong fact in favor of ether, chloroform or mesmerism, if either had been used. The wound was drawn together firmly, as soon as hemorrhage ceased, by adhesive strips. Adhesion followed immediately, and the boy was perfectly well in three days.

Case IV.—*Foreign body in the Trachea. Operation—Cure.*

Sept. 6th 1849, Edmund C. Peel, aged 18 months, was brought to me from Madison Co. Ohio, on account of what was supposed to be a piece of the rind of a watermelon in the wind pipe. On coughing, the concussion of the foreign body could be distinctly heard against the cricoid cartilage and tracheal bifurcation alternately. Tracheotomy was advised and consented to. The operation was attended with some difficulty from the excessive struggling of the child, and the large amount of adipose tissue about the neck. It was completed, however, in about 10 minutes, and a watermelon seed was removed from the trachea. The subsequent treatment was precisely similar to that adopted in case 3d, with the same results.

Remarks.—The principal difficulties in the way of tracheotomy in children are, 1st; the great depth and small size of the tracheal tube. In childhood it lies like a small whip cord, loosely embedded in the soft tissues, so that when sought it is extremely liable to elude the knife, which if carelessly and unskilfully used, will pass downward beside the trachea, and

wound important parts. With ordinary care, in the hands of him who possesses a sufficient amount of anatomical knowledge, such a mistake is inexcusable. 2d. The thyroid veins are directly in front of the trachea, and if wounded will afford troublesome hemorrhage, and *may* admit atmospheric air, and in this way destroy the patient. They should be drawn aside, and never cut. 3d. If the trachea is not divided to a sufficient extent, the body will not be ejected, and a search for it with probes and forceps to facilitate its expulsion, is worse than fruitless. There should be a free division of the tracheal rings, avoiding of course, the isthmus of the thyroid gland, and the foreign body will be spontaneously expelled, almost without an exception.

ART. II.—*Case of Hernia—treated by Quacks—opening of the sac with a lancet—artificial anus—death.* By THOS. W. GORDON, M. D., Bazetta, Trumbull Co., O.

April 2d, 1848, called to see T. S———, a boy of twelve years of age. On enquiry, found he was taken ill on the eve of March 4th. He complained at the time of "pain in the bowels," chiefly in the right lumber region. His mother supposing it to be colic, gave him "a dose of No. 6," but without relief. In the morning, the pain continuing, and passing downward along the leg, with extreme tenderness along the crest of the ilium, and extending on a line with Poupart's ligament, she then concluded it "must be rheumatism," and "used things to drive it away." The boy becoming worse, a *Botanic* was sent for who, not coming, another was called. He came—said the boy had "inflammation of the bowels," and administered, with those already given, *nine* emetics! and continued, with cathartics, "hot drops," &c. He attended him for several days. The patient still failing, and suffering the most intense agony the most of the time, the parents of the patient thought best "to call in council." The attending *intuitive* would have none but one of his own faith, therefore, Dr. J., a "regular" *No.* 6 graduate of Thompson's patent, was sent for and came. The pain continuing in the same place, he thought best to "see whether or no" there was any appearance about the abdomen to account for such an amount of suffering. On examination, there was found a tumor above Poupart's ligament, extending upward some 2 or 3 inches, and 1½ or 2 inches in width. It was decided to be an abscess, but old Dr. J. said it was "not quite ripe." The consultation ended by the first one being recommended to "poultice it to draw it to a

head." He did so, and on the next day took a lancet, thrust it into the skin—then got up, walked across the room, (the boy being held by his father and another man, at the time,) came back—tried again—but the tumor being too easily pressed out of the way for his dull lancet, he called for a razor strop to "whet up"—dressed his lancet, and again went at his work of death. This time, compressing the tumor, (which all present then, and those who saw it previous to this time, agree in saying, could easily be pressed into the abdomen,) he gave it a thrust, and *behold!*—what! a pint of pus? No! but, as the doctor stated, a "punch bowl full of wind," excessively fœtid. He then put a plaster on the orifice, and attended the child some days after this great operation in modern surgery.

The friends becoming dissatisfied, and still apparently determined to give the patient the least possible chance for recovery, now applied to a *uriscopist*. This wiseacre, on examining the urine, (not the patient) declared that his whole disease was in his head and liver.

The father of the patient next went personally to the Uriscopist, and found he could tell nothing of the case. He then called in the physician first mentioned, Dr. B., on the 31st of March. The Dr. visited the patient on that day, and also on April 1st, the day he called on me. He then stated to me, that on removing the dressing from the wound the first day, there was a discharge of fœcal matter, with the peculiar odor present in a case of wounded intestine. But on removing the plaster on the 2d, that is, on April 1st, there was no discharge.

April 2d. Saw the patient with Dr. B., the attending physician. Found him lying on his left side—his knees drawn up nearly to his abdomen—severe pain on touching the abdomen along the inguinal canal, and pretty general over the whole abdominal parieties—very severe along Poupart's ligament, extending down the right leg to some extent, though not as severe as a few days since.

He could not lie on his back without increasing his suffering. His body is very much emaciated, his tongue dry and coated with a dark yellowish brown coat, with red edges —mouth and throat apthous—bowels tympanitic, but easily moved by the use of enemata. On removing the plaster from the incision, there appeared a tumor some 3 inches in length, by 2 in breadth, feeling as if distended with gas, which escaped in considerable quantity on removing a portion of fœcal matter from the orifice. Dr. B. was using unguent Hyd. on the abdomen, and giving some encouragement to the parents respecting his recovery. I gave it as my opinion, that death was inevitable, but if I used any embrocation, it would be Iodine.

This case, in all probability, was partial, if not entire hernia, brought on by over exertion a day or two previous to his being taken down, while trying to compete with boys some years his seniors, in a game of leaping or jumping. If not, he must have injured himself in that way, and the emetic course produced the hernia. Peritonitis followed, went through its acute stage, and is now chronic, with the additional trouble brought on by the thrust of the lancet through the hernial sac into the intestinal canal, which will probably discharge into the peritoneal cavity, and produce gangrene. If there was a possibility of recovery without this, it is certainly put past it by this ignorant use of "edge tools."

Saturday, April 8th. The patient died yesterday, gradually sinking, the body entirely failing before the mind ceased its functions. He said to his father, "I am getting blind father," and was then told he was dying. He talked some time after vision had become perfectly extinct, and expired without a groan.

Examination post mortem.—Present Drs. B. and B., with the quack who committed the miserable blunder, the father of the boy, and some other friends, and myself; and before the examination was closed another *Intuitive* made his appearance having run his horse some 10 or 11 miles to get there.

External appearances.—The body was very much emaciated, three gangrenous openings along the inguinal canal below the opening formed by the lancet, which had also sloughed away until a finger could be introduced into the opening.—There has been a fœcal discharge from the wound for the several days last past, and also pus and a substance resembling fœces, from the gangrenous openings.

Internal.—Lungs, in a perfect condition, though somewhat dark on their inferior aspect—the right heart filled with coagulated blood, and a ring of lymph-like coagula around the aortic valves, and the artery above the valves partially filled with the same yellowish white coagulum.

Abdomen.—The skin and abdominal muscles adherent on the right side, and so blended, that a separation was not obtained. On reflecting the skin and muscles of the right side, found the superior edge of the wounded intestine attached to the peritoneal lining of the abdomen, the lower part opening into the peritoneal cavity, or rather into the inguinal canal, and suppuration had then taken place. Part of the contents had passed internally, and part through the mortified opening in the skin. There were numerous bands from the parietal peritoneum to the intestine, also from one fold of the intestine to another, until it had formed a complete net work, or rather,

almost a consolidated mass. We traced a line of pus from the right across to the left side, a passage having been formed between the skin and muscles.

Had this case occurred in the practice of a regularly educated physician, it would very probably have been followed by a legal prosecution, and at any rate, by a loss of reputation, (and both would have been right. Ed.) but a soft shelled egg, hatched in Curtis' hot bed by a single steaming, is secure against all troubles of that sort. The father of the poor boy may have the comfortable assurance that, in all human probability, a moderate amount of medical knowledge and skill, if early applied, would have saved the life of his son, and that he, by employing those ignorant of what they profess to know, contributed indirectly to his sufferings and death.

ART. III.—*Effects of Fright.* Extract from the Inaugural Thesis of WILLIAM LATTA, M. D., Frankfort, O. Presented to the Starling Med. College, Feb. 1849.

INFLUENCE OF THE MIND UPON THE BODY.—That the mind exerts an influence upon the body both in health and in disease, is a proposition which will be readily admitted by every one who is conversant with the subject. But to what extent this influence is exerted for good or ill to the animal economy, is seldom made the subject of serious contemplation by the mass of mankind.

In entering upon a discussion of this subject, we of course assume the ground that the mind has a separate existence from the body. It would be absurd to contemplate the mind merely as a modified result of the organization of the body, and then to attempt to show, that one portion of the body had an influence and agency upon another portion of this wonderful machine; it being universally admitted that there is a pervading influence of harmonious co-operation exerted upon the entire circle of the bodily organs. The mind, although in intimate union with the body, is yet a distinct entity. Though running in parallel lines with the body, and deeply implicated in all its movements, it still manifests a superior nature.—Though a very intimate connection exists between the mind and body, yet there is ample evidence to demonstrate that they are not identical. Connection will not prove identity; neither will the reciprocal agency of mind and matter on each other, establish, in the view of sound philosophy, the opinion of some, that "the mind is but a subtle, spiritualized product of the brain." We have cogent proofs furnished us, that the

mind is governed by laws essentially distinct in nature from those which control our material fabric. There appears to be no sort of just comparison between the properties of the one, and the attributes of the other. The operations of mind differ essentially from the inert properties of matter, and the causes which induce activity in the mind, have no agency upon the physical organization of man. The mind is governed by motives; the body is actuated into movement by extrinsic applications.

But sufficient, perhaps, has been said on this part of our subject.

That there is, existing between the mind and body, a union of an intimate tie, admits of no dispute; that the body perishes after the lapse of a few revolving years, we see every day realized; and that the mind will exist, independent of the body beyond the narrow circle of time, though rationally to be inferred from the obscure glimpses of nature, is clearly announced to us by revelation. Let us here rest satisfied, and enter directly upon the subject of the influence of the mind in producing changes of sensation and action in the body.

The influence of which we propose to treat, is witnessed in the earliest, as well as in the latest periods of our existence; modified it is true, by the various circumstances which are peculiar to each. Coequal with the first mental emotions which we experience, is the agency which the mind exerts on the health of the animal system. It is true that the feelings which actuate the youthful heart, are not very urgent or lasting; yet, at this early period of our lives, the mind not unfreqnently exerts a powerful influence over the health of the body. At this important period, whilst the budding faculties are unfolding, and the gloss of novelty is fresh on every object around, and the sweet song of hope enchants the youthful breast—even in this bright period of our earthly existence, do the agitations of the passions induce dangerous attacks of disease—Not unfrequently do instances occur, in which the fears of a young child have been so strongly excited, as suddenly to bring on convulsions; or in some cases even sudden death. In other instances, the influence of fright has produced such a shock upon the highly susceptible nervous system of the infant, that the most violent attack of fever has been induced; and in this way has it fallen a victim to this potent influence. Not long since, I recollect of reading an account of a child having lost its life in this way. The nurse with whom the child was left, wishing to be absent from the room for some time, and in order to hush the cries of the infant during her absence, placed a hideous figure in the bed, in full view of

the child. When she returned, after a short absence, not a cry had it uttered; but it was quite dead.

A very melancholy example of the effects of excessive fright, came under the observation of the writer of this article. A lad who was known to be rather timid, was way-laid by some of his thoughtless comrades, while returning from school. They had on frightful masks, and other unnatural habiliments; and while the boy, who was about twelve years of age, was passing alone through a narrow strip of woods, they rushed out upon him with hideous noise and gestures. The boy at first stood petrified with terror; then started with the utmost speed, and ran home, a distance of three-fourths of a mile. When he had nearly reached the door, he fell into the arms of his sister, who had come to meet him, and to ascertain the cause of his alarm. But the effects of the fright, and the powerful exertions he had made, were too great for his strength. He sank exhausted to the earth, and was immediately attacked with a severe convulsion which lasted for several minutes. This was followed by violent fever, accompanied with delirium, and symptoms of active inflammation of the brain. This continued for about two weeks, during which time almost the only expression he uttered was, "Oh! stop, stop, they are coming, they are coming!" He finally recovered from the fever, but never again to the healthy exercise of his mental faculties.

He would never after this venture out of the house; but was constantly uttering a low and plaintive moan, except when a stranger entered the room; when he would utter a frightful cry, "they come! they come!" and fly precipitately to some obscure place of retreat. He continued in this deplorable condition for about two years, gradually declining in health and strength, till at length he refused all nourishment, and soon expired.

ART. IV.—*Scarlatina.* By D. L. McGUGIN, M. D., Mt. Vernon, Ohio.

In the March number of your excellent Journal, I was much gratified with the perusal of the reported proceedings of the Medico-Chirurgical Society of Cincinnati, in which the subject of discussion, so far as the report goes, was Scarlatina.

Before I proceed to fulfil the design of the present communication, I may be allowed to express my cordial approval of the plan adopted by our medical brethren of the "Queen city," of freely, familiarly, frankly and in a colloquial manner, giving to each other the results of their experience and practice

in those diseases which have baffled, and continue to baffle in so many instances, the best methods of treatment. If we expect to improve and advance the science of medicine to a point of still greater usefulness to the family of man, this will be found one of the great means for its accomplishment. This intercourse should be candid, unbiased, and unrestrained among those who associate themselves together for this great end and purpose. The exchange and interchange of sentiments and opinions will, by the attrition of mind upon mind, give a new direction to the operations of the mind; a new train of reflections may be established–new thoughts may be awakened because new facts may be elicited, the result of which would probably be, that other and better conclusions would be formed, or an increased confidence given to opinions previously entertained. In some, or indeed, most of the eastern cities, these associations exist, and they are spoken of as pleasant and profitable—pleasant, because they are promotive of a kindly and friendly feeling among the members, and profitable, because the disposition to enquiry and observation is increased.

I was not less interested in the character of the association than the investigation into the pathology and treatment of Scarlatina. Although a difference of opinion was manifested among the members, a majority of them testified to the necessity of the supporting plan. These diversified views have heretofore existed, and continue to exist, and hence the want of uniformity in practice. For my own part, I seize with avidity upon every thing promising new light upon this subject.—This arises, doubtless, from the fact that in the State of Pennsylvania, in the years 1831–2, a few years after I commenced the practice of my profession, this much dreaded malady raged as if in obedience to "Herod's" mandate. Very few families escaped an attack, some losing one, others two or more children, and not a few were left childless. Terror and dismay overspread the country, and sorrow and mourning were the attendant circumstances of the first year of its visitation.

The sudden invasion of the epidemic, the urgency of the symptoms, and the frightful mortality, called loudly for prompt and energetic measures. Every effort was made, but being in the dark as to its true pathology, the best efforts of physicians were not often of any avail for good, but were generally injurious. Bleeding was resorted to, and the patient rapidly sunk. Emetics, oftimes of the mildest character, would speedily run off by the bowels. Cathartics invariably prostrated the patient, and their excessive action upon the bowels could not often be moderated or restrained. Sudden congestion of some

vital organ would admonish against the use of the cold effusion; and the sloughing and ulceration following the use of blisters, were an emphatic caution against their future use.

I was very soon convinced that we had no ordinary enemy upon the field against us. I was just as well convinced that we must change our plan of attack. It was apparent too, that he was powerful and almost invincible, and it was just as apparent that to succeed we must know more of his true character, or of the pathology of the disease.

In the proceedings before referred to, I was forcibly impressed with the views of Dr. Murphy. He says "that it is a disease of asthenia—of shock—of loss of dynamic force." Such was the conclusion which the symptoms in this epidemic compelled me to adopt. It appeared that the morbid poison acted at once as a powerful depressant, more or less, of the vital energies.

It was very evident that the supporting plan must be adopted, and the earliest moment should be seized for the exhibition of remedies for that purpose. Early in the case a gentle emetic was followed by calomel, to remove foul secretions, after which the bark and mineral acid was given every two or three hours. The bark was dissolved or mixed with a small portion of rum diluted with water, and to this was added from three to six drops of sulph. acid. aromat. A two-fold object was secured by exhibiting it in this manner, for in its passage to the stomach, the bark would adhere to the walls of the fauces, forming an excellent gargle. When it was impossible or impracticable to use gargles, this proved the best substitute.—Small portions of ipecac. with sup. carb. soda, were given at intervals, to determine to the skin. The surface was sponged with tepid water, and the patient made comfortable by an increase or diminution of clothing. After twenty-four hours from the attack, if cerebral symptoms supervened, the addition of opium to the ipecac. afforded much relief. These manifestations, it was believed, arose from sensorial irritation. In order to allay irritability of the bowels and check diarrhœa, acetate of lead was added to the above. The tumefaction of the throat was often allayed by cataplasms of hops, with or without the use of the Lint. Vol. In the onset of the disease, if cerebral congestion was manifest, cupping to the nape of the neck oftimes afforded relief, and even here, we not unfrequently had an unfriendly and troublesome sequence, for the incisions would refuse to heal kindly, and each orifice made by the instrument would ulcerate and become a troublesome sore.

It were needless now to travel further into the history of that epidemic. I have deemed it proper to say thus much, because I had every reason to congratulate myself upon the change made in the treatment. I was then convinced, and subsequent experience has confirmed the conviction, that the supporting plan is the true course to pursue in the treatment of the malignant forms of Scarlatina.

Before concluding, I would remark that the frequent use of mercurials, in general, is highly imprudent, and the exhibition of Tart. Antim. scarcely admissible. They almost universally increased the irritation upon the mucous tissues of the bowels. The chlorine mixture has been used with advantage in the practice of some physicians of much experience. My distinguished neighbor, Dr. John W. Russell, has used it frequently, and he says he has seen happy results flow from its exhibition. I have used it but in two or three cases. In one case, that of one of our physicians who was in a hopeless state from this disease, it was used at the suggestion of the above named gentleman, and since his recovery he can remember the improvement which its exhibition produced in his feelings.

ART. V.—*The History of Three Cases.* Being the Inaugural Thesis of WILLIAM H. REEVES, M. D., Deavertown, Ohio.—Presented to the Starling Medical College, February, 1849.

CASE I.—*Blow upon the Head—Compression of the brain—loss of Memory.*

Sept. 15, 1848, Wm. McC—— aged 19, of full habit and good constitution, received a blow by a fall from his horse, and was taken up by his friends and bled. I saw him the next morning. Over the left side of the frontal bone there was a large contusion, but no fracture could be detected. He lay in a deep sleep, his breathing slow, stertorous and laborious, pupils widely dilated, pulse slow, hard, and regular, face flushed, skin warm and moist.

Treatment.—Placed him in an upright position, and drew blood from the arm until an effect was produced, after which he spoke, but incoherently, again relapsing into coma, which was so profound that we could not rouse him, to swallow, until an injection (℥ss terebinth, ℥ss sulphate of magnesia, ℥j. mucilage,) was administered. This roused him for a few moments, in which time 10 grs. calomel and 30 grs. jalap were administered. Elevated his head and shoulders, and applied bladders filled with cold well water to his head, and sinapisms

to his feet. Ordered him to be bled again in six hours if consciousness did not return after the operation of the medicine, which was accordingly done; it producing about the same effect as the second bleeding.

Sept. 16*th*—Symptoms much the same; free evacuation of the bowels; scarified and cupped on the nape of the neck and temples to the amount of ℥ij; continued the cold to the head, and sinapisms to the feet. Prescribed calomel, 2 grs., Tart. Ant. et Potassa, ¼gr., Ipecac. ¼gr. every three hours, to be followed at 6 o'clock P. M., with a black draught.

Sept. 17*th*—The patient can be kept awake, though there is still a strong tendency to coma; incoherence of speech when aroused; pulse slow, and not so hard; pupils not so much dilated; bowels freely evacuated, as well as the bladder; the contusion looks well; skin warm and moist; tongue moist and coated. Cupped, and continued the cold applications to the head; prescribed calomel 2 grs., Tart. Ant. ¼gr. every four hours.

Sept. 18*th*—Tongue dry, tip and edges red; skin hot and dry; pulse hard and quick; delirium and restlessness. Bled him largely and to syncope; prescribed a black draught; calomel 2 grs., Tart. Ant. ¼gr., Ipecac. ½gr., Ext. Hyos. 4 grs. every four hours; cold to the head, and blisters to the calves of the legs; enjoined strict antiphlogistic regimen.

Sept. 19*th*—Patient much improved; skin and tongue moist; head cool; pulse slower and not so hard; one evacuation of the bowels; incipient ptyalism; blisters had drawn finely. Discontinued the calomel, &c., and continued the cold to the head, and prescribed drachm doses of the following mixture. ℞ Tart. Ant. ½gr., Nitrat. Potassæ., grs. xx., Ipecac. gr iv., Water, ℥ij. Mix.

Sept. 20*th*—The patient still improving; the above treatment continued, with 2 grs. calomel, and 5 grs. Dover's Powder at bed time.

Sept. 21*st*—The patient is very much improved; contused spot disappearing; head cool; skin moist and cool; pupil obedient to light; pulse 65, and regular; tongue cleaning; lateritious deposit in the urine; complains of his blisters, and pain in his bowels. Suspended the medicine and put him on mucilagous drinks and soaked crackers for diet.

Sept. 24*th*—Patient able to walk about the room; skin and tongue natural; pulse 65, and regular; appetite returned.—There was complete loss of memory. Names were written on paper, which he would read, but upon turning the paper over and requesting the names he could not give them. He could not retain a name for a moment. He was kept on a strict an-

tiphlogistic regimen, and took a pill composed of blue mass ½ gr., Tart. Ant. ⅛gr. Ipecac. ⅛gr., Rhei. 2 grs. every other night.

Oct. 7th—Whilst the patient was preparing to retire to rest, *his memory returned to him suddenly, he being conscious of the change.*

CASE II.—*Surgical—Fracture of the Inferior Maxillary, complicated with a severe wound.*

History. J—— F——, aged 33, was using an axe beside a pile of wood. A log falling from the pile, struck the handle and threw the axe upwards with great force, striking the patient and inflicting a large wound, and fracturing the lower jaw. The wound extended from the trachea through the jaw, completely separating it obliquely through the symphisis, and detaching from the jaw a piece containing four teeth, (central and lateral incisors, canine, and first bicuspid.) There was profuse hemorrhage, especially from the inferior dental artery. When I reached the house, the other wounded vessels had ceased to bleed, and I hastened to arrest the hemorrhage by compression, and then suffered the patient to rest for two hours. I then dressed the wound with three interrupted sutures, and proceeded to adjust the fracture. Having corrected the malposition of the bones (occasioned no doubt by the unequal action of the masseter and pterygoid muscles) I inserted two simple pieces of cork (cut to fit the jaw, and grooved upon the upper and under sides, to receive the teeth) between the teeth, to be held by the jaws, and to project over the loose portion sufficiently far to hold it firmly in its place; and found it to answer the purpose admirably. The corks were cut so that they separated the jaws but slightly, and the two served to equalize the muscular action, whilst through the opening between them, the patient received his food with much facility. These dressings were retained in their places by a pasteboard splint and bandages. The wound healed rapidly, and in seventeen days the corks were removed, and the union found complete.

At the time of this fracture the writer knew nothing of Barton's elegant bandage for fractures and dislocations of the Inferior maxillary.

In simple fractures the corks would not be required, but in compound fractures, well grooved and fitted corks, are undoubtedly advantageous.

CASE III.—*Obstetrical—Transeverse Presentation.*

History. Mrs. R——, aged 30, was in labor with her third child. I was informed that in her first labor she had been unfortunate, having given birth to a dead child; and in her second labor she had suffered greatly, and given birth to a living

child, which, however, did not survive long. I learned also, that another physician had been called early to the case, had taken it in hand, bled her, and made an examination per vaginam, which resulted in the discovery of a transverse presentation, when he advised that I should be sent for, but before I arrived, he had left the house. From appearances, I supposed the patient in the second stage of labor, and went immediately to work to ascertain what the presentation was. I found the membrane ruptured, the os uteri dilatable but not fully dilated, and all the extremities presenting; the pains recurring at short intervals without any apparent increase or diminution of force, all of them being well marked bearing down pains. A second examination revealed the os uteri still further dilated and a leg and an arm projecting into the vagina, the other foot and hand being detected still higher up. To effect a change of position was the great object, and the question arose whether it could be effected, the labor having progressed so far. The pains (stimulated no doubt by the examination and the motion of the extremities) now began to follow each other with great rapidity, and threatened the destruction of the child, or what was more to be feared, a rupture of the uterus; for it was evident that "spontaneous evolution" was out of the question in this case. Having but little time for reflection, and there being no regular physician within many miles with whom I could consult, I hastened to administer an opiate with a view to check the action of the uterus. Having placed the patient in a better position, (upon the left side, near the edge of the bed) I informed her that it would be necessary to effect a change in the position of the fœtus, and to assure her that with patience all would terminate right, when she refused to have anything to do with a view to saving the child, as she was sure that it would be dead, as her others were; she was led to yield, at length, by informing her that it was necessary for her safety, as well as that of her child, and that the child was living. Without further loss of time I set diligently to work to effect a version. Having attended to the necessary preliminaries, I attempted to pass my hand gently and steadily into the uterus, but found the fœtus pressed firmly against the brim of the pelvis, and the uterus firmly contracted around it; an arm and leg were protruded through the os uteri into the vagina, the other hand and foot could be detected just above the os uteri, the knee being caught between the os uteri and the fœtal abdomen, the breach looking towards the left groin, the head towards the right ilium. The pains declined rapidly as the opiate took effect, and I suffered the patient to rest until I detected a slight contraction of the uterus, when

having waited until it had subsided, I renewed my attempts to pass my hand into the uterus, and having reached the foot that was highest up, I brought it to its bearing, and passed a tape loop over it. Holding the tape in my left hand, I passed the index finger of the right hand between the leg and the neck of the womb, disengaged the knee, and brought the limb down. At this stage of the attempt at turning the child, I had to contend with a serious difficulty in the want of propulsive uterine contractions, and commenced to make gentle friction over the abdomen, and at length was successful in stimulating the uterus to action. With the first pain I made gentle traction by the feet, and found the breach was gradually entering the superior strait. Continuing to apply friction assiduously, the pains increased gradually in frequency, and soon expelled the body in part, bringing the head to encounter the superior strait. I now brought down the cord a little, and found it pulsating feebly. After a lapse of about a minute, I grasped the abdomen, and a powerful contraction followed, immediately expelling the head, and at the same time the pulsation in the cord ceased to be perceptible. Having waited a short time, and there being no signs of animation, I sprinkled a few drops of cold water over the infant, when respiration was set up, and after it had cried loudly, it was removed. The secundines were expelled into the vagina and removed as in ordinary cases.

From the foregoing case I deduce the fact that cases may arise, in which it will be right to check the action of the uterus, but the same caution and discrimination will be required with regard to the means to be employed, and the employment of the means to check or interfere with uterine action, as would be required in the use of the se cale cornutum to produce the opposite effect.

PART SECOND.

AMERICAN INTELLIGENCE.

Art. I.—*The Heart Clot.*

To the Editors of the Examiner:

Gentlemen: I beg leave, through the columns of your useful periodical, to present the statement of certain opinions I have long entertained, relative to points in pathogeny connected with the occurrence of endo-cardial coagula; and I do so, because I consider them deserving of serious consideration by the practitioner.

These opinions are connected with certain points of practice or treatment that are, in many cases, indispensably necessary for the safety of the sick; and my sole desire in offering the communication, is founded on the hope that it may tend to prevent some disastrous events, which the want of a little reflection might allow.

I believe it is a fact, not to be controverted, that in an animal slowly bled to death, the first portions of blood extravasated, coagulate less readily than the last portions. If this doctrine be true, it follows that the coagulability of the blood left in the vessels after great hemorrhages is augmented. I have had several occasions to find that it is dangerously augmented.

To take one of the most ordinary cases of hemorrhage—I mean that occurring after labor, or in abortions—we have an instance in which, even after the arrest of the bleeding, the patient is exposed to mishap from the coagulability of the blood remaining in the vessels. Loss of blood produces a tendency to fainting, or lipothymia; during an attack of fainting, the motions of the heart are enfeebled, the diastole slow—torpid, for the blood moves languidly in both the venæ cavæ, pours itself out in a slow current into the auricle, which it sluggishly distends, and sometimes is then instantly converted into a solid clot. If a clot be formed in the right auricle, it will also be formed in the *iter ad ventriculum dextrum* filling up the cone of the tri-cuspid valve; and the nucleus of it will cause the coagulum at length to occupy the cavity of the right ventricle, and extend itself to a greater or less distance along the tractus of the pulmonary artery. If the whole pulmonic side of the heart should be perfectly occupied in this way, the death of the individual would be instantaneous; and I doubt not, that many of the examples of sudden death, after delivery in hemorrhagic labors, are produced by the formation of cardio-morphous coagula which form in the instant of a state of fainting, or lipothymia. It is understood, that the young Princess Charlotte, whose death at Clermont cast a mournful gloom over the whole British Empire, died within fifteen minutes after the birth of the princess, and that there was no very considerable hemorrhage, no laceration, nor other incident that might fitly explain the suddenness of her decease. Many women are known to perish in this manner. I have been the eye-witness of instances of this kind. I have also seen a very great number of persons, who appeared to me to be in danger of perishing in the same way, but who escaped a fate so deplorable. I am aware also of instances in which women, after considerable hemorrhagic losses, have been esteemed by

their physicians to be what is called doing well, during a space of from one to seven days, but who afterwards becoming *instantly* extremely ill, have perished without remedy in from two to twenty days thereafter.

If a surgeon, desirous to reduce a luxated humerus, should attempt to do so, he might find the resistance of the muscular contraction so great as to prevent his success, and he would therefore probably resolve to take away the resistance of the muscular contraction, by bleeding his patient *ad deliquium*.—The surgeon knows that the deliquium would take effect upon the loss of a much smaller quantity of blood, if the patient should be placed upon his feet in a standing posture, than if he were to recline upon his bed in a low recumbency. He would bleed the man while in an erect position. This ordinary practice is conformable with the dictates of experience in all cases of fainting, for it is well known that an individual will faint more readily in a vertical than in a horizontal position; and the first idea that is obvious to any medical man in a case of fainting is this—that he shall cause the patient to be laid with the head very low, taking away for the time even the pillow. I have on many occasions, besides taking away the pillow, found myself under the necessity of elevating the foot of the bed by placing books or blocks under the lower bedposts in order to favor the determination of blood to the encephalon; for I conceive that in all cases of fainting the brain has become oligæmic.

I may assert the opinion here, that fainting is oligæmia of the encephalon, and that a hyperæmia of the encephalic bulbs is the very converse of and absolutely incompatible with the state of swooning. To raise up a woman who has within the few days past lost a considerable quantity of blood is almost inevitably to bring on deliquium. Now, if the idea be just, that hemorrhage renders the remaining blood more coagulable, then it follows, that to take the woman out of bed, or to let her sit up in bed, is to expose her to the hazard of forming a coagulum in the right auricle, which, by extension of the nucleus, may fill the ventricle, occupy the aperture of the tricuspid, and pass several inches upwards in the course of the pulmonary artery and its branches. Monthly nurses, and the ordinary attendants of the sick know nothing of these things, and they hesitate not, oft-times, to exhort or to permit the anæmical accouchee to rise and sit for a few moments for purposes that might be answered without quitting the horizontal position.

A lady was taken in labor in the afternoon. She sat in her arm-chair all night without sleeping; at five o'clock in the

morning she placed herself upon the bed and the child was born in half an hour. The placenta was spontaneously and perfectly extruded, nothing being left in the womb; it was her fifth labor. Within an hour she had hemorrhage—the vagina and uterus contained large coagula which were turned out by the physician, whereupon the hemorrhage ceased; she may have lost altogether some thirty ounces of blood. He remained near her for several hours. At mid-day, throughout the afternoon, and during the following night, she appeared to be perfectly well. At half-past nine the following morning, the physician made his visit; she was without pain or the least indisposition, nor had she any symptoms, save those that appertain to the condition of a healthy accouchee. Her pulse was about 75 beats per minute; the respiration, temperature, and hue, satisfactory to the medical attendant; her complacency, physical and moral, was absolute.

The physician left her at 10 o'clock in the morning. Being summoned again, he reached her apartment at one, P. M., and found her in a state, which led him to suppose that she might be near dying. The pulse was 164 per minute, very feeble and thread like; the hands were cold, and the respiration was performed apparently by the strong effort of her will only. The respiratory acts were performed with great violence, and without rythm. Auscultation of the heart disclosed a feeble impulse, with great irregularity of the systolic action. She had lost no more blood beyond the ordinary lochial discharge; the vagina which was examined contained no coagulum.

When I came into the apartment at 3 o'clock, P. M., she supposed herself to be in a dying state, and asked me if I thought she would live half an hour. It is difficult to conceive of a spectacle of more extreme physical distress than that presented by this dying lady. Every respiratory act was attended with violent pain referred to a place near the lower extremity of the sternum, as in angina pectoris. Palpation of the abdomen and questions relative thereto, showed nothing abnormal there. Upon retiring for consultation, I expressed to my medical brother the opinion that the pulmonary heart was filled with a coagulum or false polypus; the prognostic, therefore, was necessarily fatal.

She had been left at 10 o'clock in the morning with a pulse at 75, and in the course of the forenoon she had been taken up from her recumbent position, and allowed to sit upon the close-stool for the purpose of evacuating the bladder of urine, immediately after which she was ill, and the physician sent for.

I made this diagnostic upon these grounds, viz: I said, there is no pathogenical principle that I know of that can explain the change of her pulse from 75 to 164, in so short a time, save that of a mechanical obstruction formed by a clot or tampon filling up the cavities of the heart. It is clear that there is no scarlatina, no variola; no fever of any kind—no attack of Asiatic cholera nor other malady, that is capable of making so soon, so great a change in the action of the heart as is here observed. The patient had hemorrhage yesterday, which has increased the coagulability of her blood; she was taken out of her recumbent position and placed upright in bed, whereupon she became suddenly ill in consequence of the coagulation of blood in her auricle, and there is no power that is able to remove this tampon from the cavity of her heart; it will destroy her as effectually as would a musket ball deposited in the ventricle.

The respiration in this case was carried on, at the time of my arrival, solely by the force of the voluntary power. There seemed to be no rythmical respiration whatever; when she ceased to breathe by her volition, her respiration appeared to be suspended altogether. As might be expected, these voluntary aspirations were not rythmical, but interrupted, uncertain, having long intervals. The blood that came up from the inferior cava and down from the upper cava, must have passed with great difficulty between the superficies of the clot, and the paries of the heart. It must have moved in small quantities only through the tricuspid, and when distending the pulmonary ventricle, that ventricle could contain but a small portion of fluid blood, being mainly occupied by the coagulum.—A similar difficulty existed as to the efflux of the blood along the pulmonary artery, which was tamponed at the time with a cylindrical clot extending several inches along the vessel and its principal branches. Under these circumstances, the quantity of carboniferous blood entering the lungs by the pulmonary artery, for aeration, could be a small quantity only; hence the violent, almost spasmodic protracted efforts to aspire the air of the atmosphere; efforts which, however great, must measurably fail of the purpose of abolishing the direful sense of pulmonary oppression, or respiratory distress, or to use a more concise term, asphyxiation. The quantity of blood in the lungs was too small to receive the endowment of oxygen which is requisite to preserve any individual from a feeling of suffocation; and however thorough might have been the aeration of the small quantity that was there, however brilliant and florid may have been its arterial hue after being breathed upon, the quantity of oxygen imparted to it must ne-

cessarily be insufficient so to act upon the nervous mass, the neurine, as to hinder the conscious principle from perceiving the sense of asphyxiation. With a heart situated in this manner—with the utter impossibility of thoroughly oxygenating the sanguine mass, the innervation gradually fails—a failure which is manifested in the decadence and ultimate overthrow of the various functions. All the functions are but the expressions of the biotic force that is sent down by the encephalic bulbs and spinal cord to the distal points of the nerve-fibrils in the organs. Every acinus of a gland is alive solely by the nervous force which comes into it by the fibril that connects it with the nervous mass, to obey whose mandate is to live, while to fail of receiving it is command to die; the same is true of every part and particle of the histological constitution.

As the encephalic bulbs certainly cease to irradiate the organs when they themselves cease to receive through the oxygeniferous streams injected into them by the carotids and vertebrals, the supplies of oxygen which alone enable them to evolve the life force, the nerve force, the *lebenskraft*, the biotic force—it follows, that the organs die in the same ratio as those bulbs fail and perish.

One is not surprised, therefore, upon observing that a person in good health, like this unfortunate lady, the right side of whose heart becomes suddenly, instantaneously tamponed by a coagulum, should fall a victim, and that speedily, not to the presence of the clot alone, but to disease developed in other parts, whose life is overthrown in consequence of the obstruction of the prime organ of the circulation. Only a few hours could pass with a large coagulum in the heart, before the pericardium would begin to be filled with serum, or the embarrassments in the pulmonary circulation seek in vain for relief, by pouring out a vast effusion of water into the cavities of the pleura; or the innervative force being withdrawn from the viscera contained within the abdomen, whose venous blood is prevented from flowing off through the pulmonary artery, there is set in motion in the peritoneal sac, a tide of effusion filling it up in the course of a few hours.

In all such cases as those of which I am speaking, the escape of the blood from the venous side of the sanguine circle is retarded, with the effect of producing enormous engorgements of all those venous branches, which usually and readily allow their products to run off through the ascending and descending cavæ. Let the reader perpend for a moment the condition of that portion of the vascular system which receives aortic injections by the cæliac and the superior and inferior mesenteric arteries; let him reflect that the whole of this tor-

rent, which is entirely expended upon the chylopoietic and alimentary organs, is first collected by the capillary radicles of the portal vein, then distributed again among the capillary termini of the hepatic porta, whence it is a second time collected to flow off by the hepatic veins. Now, if the auricle and ventricle are tamponed by an endo-cardial coagulum, this whole torrent is inevitably arrested, and the cavities become immediately engorged by the continued injections from the aorta, leaving no grounds of astonishment as to sudden or fatal derangement of the healthy states of the tissues that are developed by it.

The time required for extinguishing the life of the sufferer is a variable time; one relative to the magnitude and extent of the coagulation. I can imagine that in the case of the Princess Charlotte, already alluded to, a coagulum was formed, which filled the heart so completely, as to put an end to its action within fifteen minutes after the birth of the princess.—My patient above mentioned, lived forty-eight hours after the occurrence of the accident, during which time she suffered the most inexpressible respiratory distress. She filled her pericardium with serum, while her peritoneal cavity became also the subject of a great effusion. Upon examining the heart twenty-four hours after her decease, one might feel surprised that her life could be so long protracted, since the auricle, tricuspid, and ventricle were completely tamponed with a clot which was not an enthanasial clot, but consisted apparently, of a firm, whitish-yellow mass of fibrine, out of which every particle of hæmatoglobulin had been washed away, or expressed. An enthanasial clot is, in my opinion, necessarily a red one; a preenthanasial one ought to be white.

A patient in this city was delivered early in the morning. Soon after the birth of the child and the delivery of the placenta, the physician descended to the breakfast room, having given strict charge that the patient should preserve the recumbent position, and be kept quiet. While at his breakfast, cries from the top of the stairway called him, for 'God's sake," to hasten to the assistance of the patient. In a moment he was at her bed-side, where he found her already dead, having fallen backwards across the bed, with her legs hanging over its side. He was told that she had said to her nurse, "I wish to get up,"—"The doctor says, madam, you must not get up, if you please." "But I must get up, I will get up." She threw her feet out of the bed, and rose up sitting upon its edge; her head reeled to and fro, and she fell back and expired. No examination was made of the dead body, but I ask the reader to explain the cause of this sudden death, otherwise than by the

rationale that her heart ceased to beat because it became instantly filled with an immovable clot.

Man cannot die, save by the cessation of activity in the brain, or in the heart, or in the lungs; he lives within this triangle, and can only escape at one of its angles. He must die by the brain, or by the heart, or by the lungs. It is to the last degree improbable that this woman perished solely because her brain ceased to evolve; but if it did not *instantly* cease to evolve, it must have continued to be the cause of motion everywhere. If the heart, as I suppose, became instantly filled with congealed blood, so that it could no longer receive nor discharge any portion of that fluid, the nervous mass would cease to live as soon as it should have consumed all the oxygen contained within its capillary vessels at the moment of the arrest of the cardiac circulation. The patient died by the heart.

A lady was confined in a natural labor, giving birth to a healthy child, at term. She lost a considerable quantity of blood at the time of the extrusion of the placenta, which left her feeble and pale. Her physician directed her to be kept quiet. She had a good day, and following night. At the morning visit the physician found her comfortable, and her condition was satisfactory to him. Soon after he left her apartment she was seized with violent alarming illness, whereupon he was recalled, and was again present after the lapse of about an hour. Her pulse was extremely frequent, feeble and small; it continued frequent until the moment of her death, which took place about the nineteenth or twentieth day. On the eighteenth day, I think, I saw the lady, and formed the opinion that she was perishing on account of a false polypus, clot, or tampon in the heart, established there by the imprudent early uprising after a hemorrhage. After her death, a great quantity of water was found in the cavity of the right pleura, while a firm white coagulum, entirely destitute of corpuscles, was detected in the right auricle, filling up very much the cone of the tricuspid, while the ventricular end of it seemed to be torn or threshed to pieces by the cordæ tendineæ, which during so many days, had been vainly occupied in the endeavor to demolish it. The filling up of the pleura with serum was a natural consequence of the condition of the respiratory organs, quite as much so, but not at all more so, than was the filling up of the peritoneum and pericardium in the former case, consequences of the arrest of the circulation in the cava and its branches.

Towards the end of the year 1848, a primapara gave birth to her first child. She was tall, very slender, and delicate;

the placenta was not removed; she lost a good deal of blood. Between forty and fifty hours after the birth of the child, upon being called to her succor, I removed the placenta from the cervix uteri in which it was grasped and detained. I removed it with the index finger of my right hand. The stench of it was noisome to the last degree. The putrid odor of it remained upon my hand for twenty-four hours, notwithstanding every effort to remove it. The patient was pale, and her pulse somewhat frequent, presenting the usual characteristics of the anæmical pulse. On the following day she was comfortable; the milk was secreted, the lochia healthy, and she was doing well, though still very pale. On the seventh day, she was placed in a chair before the fire, sitting up; she immediately felt sick, was put to bed, and I being called in to see her, told her friends that she had formed a fatal coagulum in the heart. She lived about forty-eight hours after the accident; I did not examine her body. I leave the reader to judge whether my diagnostic was or was not probably correct. She had a pulse upwards of 160—the impulse of the heart feeble —the respiration disturbed—frequent.

On a great many occasions since I have been a practitioner of medicine, I have been called to see patients, who, after hemorrhagic labors, have disobeyed my injunctions as to horizontal rest, and who being prematurely lifted upright in bed, had fainted. I have not a doubt that among those of these persons in whom I found the heart fluttering, irregular and feeble in its action on my arrival, incipient coagulation existed. I have thought as I entered the room of a patient, that her auricular blood had begun to thicken, but was driven out from the auricle before its thorough coagulation, in consequence of the startling effects of a dash of cold water upon the face, or of clapping the hands, or snatching the pillow from under the head and shoulders, allowing the head to fall so as to favor the restoration of its vascular tension or even hyperæmia, and thereby re-establishing the perfect and powerful extrication of its innervative force. The re-excitation of the innervative force of the brain would probably soon enable a heart so situated to discharge itself of the incohoate coagulum.

It is not needful that I should draw out this paper to any great length; nor that I should discuss the reasons why so many autopsies present the evidences of the endo-cardial clot of which I have spoken, without having excited in the mind of the attendant practitioner, the suspicion of its presence before the death of the patient. It appears to me, to be enough for the present occasion, to propound the question, Can a patient with a white clot in the auricle and ventricle recover?—

If such a clot be a small one, the pulmonary circulation, although checked, is not necessarily suspended, but the nucleus of such a clot, like the nucleus of an urinary calculus, tends constantly to increase in size, and hence a small coagulum, which strangely disturbs the action of the heart, may consist with a considerable protraction of the struggle against its fatal power over the circulation. The gradual augmentation of the volume of the clot, and its extension into the pulmonary artery and its branches, must in every case lead to an inevitable dissolution. I have not the least confidence in the power of alkaline medicines to dissolve such coagula, nor do I admit that the dull white endo-cardial coagulum so often discovered is the result of a state of endo-carditis; but I rather attribute its occurrence to a temporary stasis or near approximation to stasis during a state of fainting in an exhausted patient. Its occurrence after hemorrhagic labors, or upon the almost total suspension of the circulation at the cessation of an attack of puerperal eclampsia ought not to excite surprise. If a coagulum should fill the auricle and the tricuspid valve completely and at once, the death would be almost instantaneous and the clot would be found red. If the process of its formation should be long protracted, it would be dull white.

I did not design in this paper, to speak at all of the enthanasial coagulum; it is perhaps quite normal that some portions of the blood last reaching the heart, at the moment of death, should congeal there.

In regard to the diagnosis of cases in which the endo-cardial coagulum becomes suddenly constituted, as in the examples of which I have spoken, it appears to me that the medical observer, in order to make it, must resort to a method which is only to be fitly characterized as transcendental diagnosis. It is true that the feeble impulse and almost complete suspension of the sounds of the heart, might serve as a quasi physical diagnosis of however little value.

By transcendental diagnosis I mean one made by a process of the mind, fitter to be called sentiment or conviction, than a regular ratiocinative progress.

To enter an apartment one has quitted only half an hour before, and to find a patient hopelessly ill with signs of imminent death, yet who had no serious symptoms of illness before —to find her making desperate voluntary efforts to breathe, without any signs of laryngeal or phrenic or pulmonic inflammation or accident—to see the face pale and ghastly—to observe her conscious sense of impending asphyxiation from loss of oxygen—without the leaden or iodic hue of a general cyanosis. These are the grounds of a diagnosis which may be

called transcendental, one in which the consciousness of the physician informs him that a mechanical obstruction within the heart exists, and that such an obstruction alone can give rise to the phenomena.

In all the lingering or sudden progressions of the accidental disorders supervening in endo-cardial coagulum, no purely cyanotic manifestations have met my observation.

Writers on cyanosis mostly refer the cyanotic symptoms to the backing of the carboniferous blood of the veins into the capillaries. You, Messrs. Editors, are aware that I have maintained the opinion that cyanosis is, in its essence, not blueness of the surface, but a state of the nervous mass produced by the absence of oxygen in the brain-capillaries.

The writers, and among them perhaps in chief, Professor Rokitansky in his Pathologischen Anatomie, contend that cyanosis depends most commonly upon constriction of the orifices of the great vessels of the heart, preventing the venous blood from escaping from the cavæ by the routes of the heart. Now, I aver that no obstructions existing in the vessels of the heart can be more complete than that depending upon a large endo-cardial clot, or tampon; and yet I venture to say that under circumstances of such kind, the victim perishes without manifesting the peculiar livor or cyanotic tinge which characterizes the forms of the malady, that are connected with open foramen ovale and imperfect action of Botalli's valve. It is my clear conviction, that as long as the respiration can be carried on in endo-cardial clot, the blood, however small in quantity, that reaches the lung passing along the superficies of the clot, is highly charged with oxygen. While, therefore, oxygeniferous blood continues to reach the brain, the patient, though conscious of the want of oxygen in due quantity, is in a state different from that of one who injects only carboniferous or venous blood into the neurine of the encephalon.

My intention was to speak only of the white clot, the false polypus, to show the probability of its being formed under circumstances of deliquium, in the oligæmia that follows uterine hemorrhage; and thereupon show how dutiful a thing it is on the part of the attendant physician, to issue the clearest and most precise orders as to the guidance of the hemorrhagic accouchee. I believe that a woman who has lost a very great quantity of blood, and who is prematurely taken out of her recumbent decubitus, and placed upright upon the close-stool; whether in bed or not, incurs a most dangerous risk of a miserable and premature death, from the sudden formation of a heart-clot. I am, gentlemen, Your ob't servant,

CHARLES D. MEIGS.

Phila. Med. Exam.

ART. II.—*Lithotomy*—117 *Calculi, weighing* 4½ *ounces, successfully removed.* By PAUL F. EVE, M. D., Professor of Surgery in the Medical College of Georgia.

A brief notice of the following case, against the writer's expressed wish, was made in one of our newspapers. It is proposed to record it now, where, if it possesses sufficient interest, it legitimately belongs.

In the severe September gale of 1824, Mr. O'Bannon, then a lad of 18 years, was engaged at work upon a house, which was blown down. In the fall, he was struck upon the back by a piece of timber, and from the injury then received he dates his difficulty in urinating. During the twenty-four years he has been a sufferer, Mr. O'B. has fully tested the prescriptions of the *unprofessional* of several States, and he has travelled far and near in search of relief. He even became a sailor on the ocean; but all to no purpose, his disease continued to harrass him day and night.

For the past two years his difficulty to urinate became so great, that to discharge it at all, he had to assume the horizontal position, and then with the fingers introduced into the rectum, he pushed up the bladder. A large quantity of matter, he says, is also evacuated by the penis. When he sits upon the edge of a chair he experiences a sensation as of crushing (crepitation) a ball of snow in the perineum.

In December he entered the charitable Institution under our Faculty, and a catheter was for the first time attempted to be introduced. This came at once in contact with a calculous mass in the perineum, where a tumor was found, projecting to the right of the raphe running back from the scrotum.

OPERATION.—On the 6th of last month (January) the following operation was performed in the presence of the Medical Class of our College—Chloroform was administered by Dr. Means. After the patient was placed in the usual position for lithotomy, an incision, about three inches in length, was made over the tumor situated in the perineum, as for the lateral operation, except that it was upon the right instead of the left side. About 56 calculi were removed through this opening, and it was hoped the operation was completed; but upon introducing a female catheter through the wound into the bladder, a second collection of stones was readily detected in this receptacle. A grooved sound was now passed through the urethra and the double lithotome conducted by it into the bladder; the former was withdrawn and the bi-lateral section completed, by drawing the latter instrument out somewhat in the line of the external incision made in the skin. With the lithot-

omy forceps repeatedly introduced, by conducting it upon the finger, 61 stones were extracted from the bladder. Through the opening in the perineum a quantity of pus was discharged. During the operation, the rectum protruded in a large mass so as to interfere with lowering the handle of the forceps, to seize the calculi in the bladder. The patient also had violent and involuntary contractions of the abdominal muscles, and during the latter stage of the operation the chloroform was discontinued. It lasted one hour. He was so reduced by his long suffering, a period of twenty-four years and four months, that after the operation I took him like a child in my arms and carried him up a flight of stairs to his room.

The following is the analysis of the calculus, kindly made by Prof. Means, and addressed to me:

"The urinary calculus, taken from the bladder of Mr. O'Bannon, has been subjected, at your request, to a chemical analysis, and merits at my hands the following description, viz:

External form.—The particular calculus under consideration, is but a fair specimen, both in its physical properties and chemical constituents, of every other of the entire number removed from the perineum and cystic cavity of your recent patient, and which, by your courtesy, I was privileged to examine, both during and after the extraordinary operation. Being a solid, bounded by four oblique planes, it presents the *tetrahedral* shape distinctly: its solid angles and lateral edges, instead of being regularly truncated, and replaced by tangent planes, exhibit gently rounded surfaces, which gradually blend with the respective faces, and are evidently the result of constant attrition, kept up for many years.

Physical characteristics.—The exterior furnishes a beautifully smooth, and even polished surface. The *structure* is laminated with admirable parallelism—the respective tunics conforming to the external figure of the stone, and easily separable by the nail—the *fracture*, uneven, and the *powder*, harsh and gravelly under the touch.

The predominant *color* is a greyish white, which is frequently substituted, however, in the more deeply seated laminæ, by a pale brown tint. Its *specific gravity* is 1 02.

Chemical constituents.—I had anticipated the *uric acid calculus*, but the use of the blow-pipe flame, and the application of appropriate acid and alkaline tests, soon revealed the presence of *Phosphate of lime*, almost pure. This form of urinary concretion has been pronounced by Silliman, Gardner and others, as very rare. It is peculiar, however, to the *prostate gland*, in the neighborhood of which the calculi, in your recent operation, were found to be embedded, and which probably

controlled the chemical affinities that subsequently deposited so large a mass in the fundus of the bladder. Its chemical elements are 3 atoms of Phosphoric Acid, 8 of Lime, and 1 of basic water, as expressed in the following formula:—8 Ca O, HO–|–3PO.

The *Fusible Calculus* (Phosphate of Ammonia and Magnesia) has, in one or two instances, reported in the Philosophical Transactions, for 1809, been found in such quantity as nearly to fill the cavity of the bladder, but so large a mass of Bone-earth calculi, is surely a still more rare occurrence.

The whole number extracted was 117, of which the largest weighed 3ij. and 38 grs.; the two next in size, *each* 78 grs., and the smallest 1 gr.—furnishing an aggregate weight of 3ivss."

As usual with me, no dressing was applied to the wound, but the patient was requested to keep his knees together, and to remain perfectly quiet. He took 40 drops of laudanum the night after the operation, and his diet was restricted to cold lemonade flaxseed tea. He also omitted the medicines upon which he had been placed, viz., Peruvian bark and sulph. iron, with volatile alkali occasionally.

January 7th. Had passed a pretty good night. Some urine had even been already voided by the natural passage, notwithstanding the opening in the perineum. He has bathed himself in warm water; has now no fever, is quite cheerful, smokes his pipe, and has taken some soup, table tea, and an orange.

Jan. 8th. Is doing well. Has had a good night—the best he says, for years past. Uses a bed pan to prevent soiling the clothes. Has sat up a little by the fire.

He has continued gradually to improve, notwithstanding the unfavorable state of the weather. No other application to the wound than castile soap and warm water, several times daily.

On the 10th, four days after the operation, he changed his room. He experienced the next day some uneasiness in urinating, and had for a day or two slight diarrhœa.

On the 17th, the eleventh day since the operation, he was out in the yard walking about. By pressing the edges of the wound together he could now pass nearly all the urine through the urethra.

On the 24th of January, i. e., the 18th day after he was disembarrassed of his numerous calculi, Mr. O'Bannon returned home, a distance of 22 miles. The wound had nearly healed. He is to use, as a tonic, small doses of sulphs. quinine and iron.

A month after the operation, a special messenger reports him entirely well.

In noticing the peculiarities of this case, we remark—1st, the cause—an injury to the spinal column; probably by partial paralysis of the bladder favoring a perversion of the function of this organ.

2d. The nature of the calculus—phosphate of lime or bone-earth. This is, I believe, peculiar to diseases of the bladder itself. Any calculus may have a coating of phosphate of lime, but when composed throughout of this combination, the evidence is strong, if not conclusive, that it originated in the bladder.

3d. The long existence of the disease without its character being detected.

4th. The size and shape of the calculi. They appeared both in the perineum and bladder, to have been regularly impacted, one against the other. Occasionally two, but generally one only was seized by the forceps in their extraction.

5th. The membranous portion of the urethra preserved its integrity, while the bulbous was ruptured by the stones. The two deposites, the one in the perineum, and the other in the bladder, were about two inches apart.

6th. The calculi must have all had a common origin–there being no difference in their shape, color or composition. Those in the bladder were, however, a little larger than those taken from the perineum. I agree with Prof. Means in the opinion, that they probably originated in the prostate gland, observing the laws of crystalization in their subsequent aggrandizement in the bladder and perineum.

7th. The remarkable fact that Mr. O'Bannon preserved his virile powers. His wife has borne several children, and is now actually seven months pregnant.

8th. The speedy recovery, in certainly, what must be considered, quite unfavorable circumstances.—*Southern Med. and Surg. Jour.*

ART. III.—*Dr. Parker's Clinique; College of Physicians and Surgeons. March* 5, 1849.

CASE 1st.—Boy, aged 7 years, with strumous or scrofulous conjunctivitis.

Dr. Parker remarked that this case was important as illustrating a particular form of opthalmia—one, too, in which accuracy of diagnosis is all important, in view of successful treatment. Indeed, remarked the doctor, we have with the eye, as with the ear, too little careful discrimination in regard to the different forms of disease which affect its various structures.—

If called to a patient with redness, heat, and pain in the eye, the physician is too apt to pronounce it *opthalmia*, and make out his prescription, without the least inquiry into the question, whether the inflammation is located in the conjunctiva, the sclerotica, the iris, or any other of the structures of the eye. And as little do they enquire whether it is catarrhal, scrofulous, rheumatic, or syphilitic in its character. On this account many blunders are made in the treatment, and many eyes irretrievably lost. In the case before us, we have an enlarged and congested state of the vessels of the conjunctiva, forming a net-work over the whole surface of the eye-ball except the cornea. There is some intolerance of light, and the pain is of that smarting, rough character which likens it to the pain arising from sand or dirt in the eye. The lids are agglutinated together in the morning, showing the existence of lipitudo or disease of the Meibomian glands. There are also some small pustules, near the base of the cornea, which if allowed to go on, would, doubtless, lead to small irritable ulcers. The disease in this case has continued eight or ten days, and affects both eyes. It is of a sub-acute character. From inflammation of the sclerotic coat, it is distinguished by the character of the redness and pain. The vessels in sclerotitis, instead of showing a prominent network, as in this case, seem to radiate in lines from the base or edge of the cornea, as from a centre, are less prominent, and more nearly of a brick red color. The pain in the eye, is deeper seated, and like rheumatism, most severe at night. From simple catarrhal conjunctivitis, it is distinguished by the general scrofulous aspect of the patient, by the greater intolerance of light, and especially by the pustules already alluded to. These latter are characteristic of the scrofulous opthalmia.

Treatment.—This must depend entirely on the stage and character of the inflammation. In this case which is sub-acute, of several days continuance, and presenting evident marks of scrofula, the treatment should be mainly constitutional; 4 grs. of calomel, or 6 grs. of pilulæ hydrarg., given at night and followed in the morning, by rheum and soda, sufficient to operate moderately on the bowels, followed in two or three days by small doses of the iodide of iron, or of bi-chloride of mercury dissolved in tincture of cinchona, would, doubtless, speedily effect a cure. Locally, a collyrium composed of

℞ Rose Water, ʒi.
Sulph. Zinc, 4 grs.
Vinum Opii, 30 gtts. Mix.

dropped into the eye two or three times a day, and an oint-

ment composed of Unguentum Hydrargyri nitratum, largely diluted with rose ointment, applied to the edge of the eye-lids every night, will generally much facilitate the recovery. In cases of a more acute character, local bleeding may be necessary in the commencement.

The strength of all local applications to the eye should be regulated by their effects. The smarting induced by them, should never exceed five minutes in duration. No *poultices* should ever be applied to an inflamed eye.—*Annalist.*

Art. IV.—*Death from Chloroform.* By John Jeffries, M. D.

March 7, 1849, I was called at about 7 o'clock, A. M., to visit Abby Pennock, said to be 17 years of age, a domestic in a family of high respectability, residing in Mount Vernon street. I found her dead under the following circumstances. The body was lying on a feather bed, on the left side, with the head bent forwards to the edge of the pillow; the arms crossed; the right hand, containing a linen handkerchief crushed into a small compass, was pressed with such force upon the upper lip and nose as to produce considerable distortion. The left forearm crossed the right, as if to aid the pressure upon the mouth; the knees were drawn high up in the bed; the eyes were open, and the pupils dilated; her night cap was tied very tightly under the chin; the bed-clothes were drawn over the head; the face, especially at the lower part, the throat, chest and arms, were quite livid; the body was warm, and exceedingly rigid, so much so, that in forcing the hand from the mouth the whole body was turned over; the handkerchief which she held had a faint smell of chloroform. From the impression on the soft bed, it appeared that she had not moved from the position assumed on first lying down. No phial containing chloroform or any drug could be found about the room; but there was lying on the table a piece of paper having the appearance of having been recently used as an envelope for a phial. Having determined to make a more full examination of the body in the afternoon, it was left nearly as found.

At 4 o'clock, P. M., the autopsy was made, being conducted by Dr. J. B. S. Jackson, with the following results. The lividity and rigidity had decreased since the morning. A little bloody froth was noticed at the mouth. On removing the body from the bed, a two-ounce phial was found under the body, containing chloroform, from which, (as was subsequently ascertained) three drachms of the fluid had been taken.—This circumstance, in connection with the other appearances,

showed the cause of death to have been the influence of chloroform. It remained therefore, to investigate what were the effects upon the various parts of the body.

The muscles appeared to be in a healthy condition. The left lung was livid and much congested throughout, but most so on the dependent part. The lower lobe and the posterior portion of the upper, upon the right side, presented the same dark purple color as the left, but the middle lobe and anterior portion of the upper were of a bright scarlet color externally, and throughout their substance. This last portion was not congested. The bronchia contained some frothy fluid. At the rima glottidis there was a thickening on each side, with an excoriated surface for about three or four lines. Something of the same kind was noticed in the fauces near to the glottis.—The thymus gland was large, its cavity containing a puriform fluid as usual in children. The heart appeared to be unusually empty and was flaccid—the ventricles having lost their convexity, and having fallen into a somewhat concave form. The heart contained a little blood. The blood was everywhere perfectly liquid, with the exception of one very small coagulum in the right side.

The stomach, which contained about ten or twelve ounces, mostly of fluid, with some solid contents, in a state of partial digestion, appeared healthy, except two small patches of congested vessels near the lesser curvature. There was no odor nor appearance to indicate the presence of any drug in the stomach. The small intestines at the upper part, were healthy, having their lacteals crowded with chyle. At the lower part the small intestines were in a state of decomposition, being brown or green in parts, and most offensively fœtid. Nothing attracted attention in the large intestines, which were somewhat offensive, except a deviation in anatomical structure, of occasional occurrence, in that the caput coli was less bound by several inches to the right ileum than is usually the case. The spleen was larger than common, perhaps slightly congested, and a little darker than usual. When incised, it appeared somewhat granular. The liver was healthy, and the gall-bladder nearly empty. The kidneys were healthy—that of the left side, being the lower one, was a shade darker than the right. Bladder healthy.

The brain and its membranes were perfectly normal. There was no congestion of vessels, no change of color or consistence of the substance of the organ.

Some appearances of other organs, which could not arise from the influence of chloroform, are purposely omitted.

It was afterwards ascertained that this person was in the habit of inhaling ether or chloroform for the purpose of producing intoxication; that she had done so on the evening of the 6th, and that she procured that which was found in her bed, on the same evening. She had eaten supper about 6 o'clock, and retired about 9 o'clock. At half past 9 she was noticed to be in the same position as found in the morning, and did not answer a question put to her by another female occupying the same room, and was supposed to be asleep.

From this narrative it appears to be conclusive that she died from the use of chloroform, the particular effects of which were seen in the congestion of the lungs, and the peculiar oxygenation in a part of them—in the emptiness of the heart, and in the fluidity of the blood. And it is a point of interest that the brain was so free from congestion or other abnormal appearances, especially when considering the stricture made about the throat by the string of her cap. The quantity used was less than is used by surgeons and physicians in daily practice. Hence it would appear that the inhalation of chloroform is more dangerous than it is supposed to be by many. Ought not the vending of this and like agents to be prohibited, as in the case of poisonous drugs, except to the order of a responsible person? And should not its use be discountenanced except under the supervision of a physician? It would seem also, that she did not take the chloroform with a suicidal intention, but in order to drown her consciousness; but like some other inebriates, she ventured too near the grave to prevent becoming herself its victim.—*Boston Med. and Surg. Jour.*

ART. V.—*Cases of Malignant Pneumonia, with remarks. Read before the Kosciusko County Medical Society.* By EDWARD R. PARKS, M. D.

Malignant Pneumonia is a disease of no small interest to the physician, especially the physician of the west. The suddenness of its invasion, the deceptive character of its symptoms, and the rapid course and very frequently fatal termination of the disease, must at once impress the mind of every physician with the importance of being well acquainted with its symptoms, its astonishingly rapid course, and the plan of treatment most likely to prevent its generally fatal termination.

Although this disease has occasionally prevailed in various portions of the United States since 1806, and sometimes in the form of a wide spread and desolating epidemic, yet it is a la-

mentable fact that even now we know of no good account of the disease in any standard work in the hands of the profession.

The best account that we have seen is to be found in Watson's Practice of Physic, in a note by the American Editor, (T. Francis Condie,) page 611.

Some of the common names for this disease have been "head pleurisy" and "the cold plague." By physicians it has been called, but in our opinion with doubtful propriety, "typhoid pneumonia." We have heretofore described a variety of pneumonic diseases that we denominated "typhoid pneumonia," but in this form of disease the symptoms differ so widely from an ordinary typhoid case, that we have taken the liberty to call it malignant pneumonia. In fact the title pneumonia is itself somewhat objectionable, from the fact that in some instances there are no symptoms that would lead us to suspect thoracic disease. Notwithstanding this is the case in some instances where the disease runs a rapid course and terminates fatally in a few hours, yet we believe there are no cases in which the disease lasts for several days, that do not develop symptoms of lung disease. The first appearance of the disease in this country, that came under notice, was in the latter part of the spring of 1845. From the great diversity of symptoms presented in different cases of this malady, arises the extreme difficulty that exists in describing its symptoms in an intelligible manner. Perhaps we can give the clearest idea of the disease by referring to the following.

Case I.—W. E., aged 15, a lad of tolerably good constitution, was attacked about the first of April, 1845. We saw him first at ten o'clock, P. M. He then complained of a dull heavy pain in the head, with some lassitude, &c. There was little arterial disturbance; no fever. He was bled to, perhaps, ten ounces, and ordered to take a portion of compound cathartic pills. The next morning we received a summons very early to visit him. When we arrived, the father gave us the following account: The pills were taken in a few moments after we left, but were ejected. Shortly afterwards he thought the patient fell asleep, as he heard nothing of him till morning, when he was found in a state of insensibility. We found the patient in a state of insensibility, with the eyes very prominent and staring. There was nothing very remarkable in the appearance of the pupils. The extremities and head were in incessant convulsive motion; pulse a little fuller and more frequent than usual; extremities cold, and the whole surface of the body decidedly moist, though the head and breast were somewhat hot. The features were frightfully distorted; the

respiration was hurried and loud, and there was occasional vomiting. It was impossible to get the patient to swallow anything whatever. We abstracted a pint of blood, administered enemata of oleum terebinth., and applied sinapisms to the ankles and wrists along the whole length of the spine, and over the epigastrium. The condition of the patient grew worse, and he died about three or four o'clock of the same afternoon.

Case II.—Mrs. L., the mother of the young man whose case we have just related, aged 33, of spare habit and delicate constitution, complained, perhaps an hour before the death of her son, of some pain in the head, lassitude, etc., and requested us to prescribe for her, though she thought her symptoms probably depended upon fatigue and anxiety about her son. We prescribed an emetic of ipecac., which operated mildly. An hour afterwards, she expressed herself as feeling quite comfortable. In less than an hour after this we were summoned to visit her in haste. We set off immediately on our way, which was not over half a mile. On our arrival we found the patient delirious, and in a state of the most perfect restlessness; eyes prominent and imploring, and the whole surface of the body bathed in a copious and very offensive perspiration, with an inability to swallow anything. She was bled, at two bleedings within an hour, about a quart, and sinapisms were extensively applied. Her condition grew decidedly worse, with aggravation of all her symptoms; her extremities soon became icy cold, and she died about twelve o'clock that night. Drs. R. M. Kendall, Wm. Parks, and my brother, J. F. Parks, saw this patient. The two foregoing were the first cases of this description that we had ever witnessed.

Case III.—J. R., aged 40, a respectable farmer, of good habits and constitution, was attacked about the tenth of April, 1845. He had eaten his supper and gone to bed as well as usual, but awoke about midnight, complaining of feeling cold and chilly, and requested one of the family to put more clothes over him. He complained of lassitude and pain in every part of his body. In an hour afterwards, we found him quite delirious and writhing with pain; talking incoherently and incessantly; bathed in a copious and very offensive perspiration; with constant jactitation; pulse tolerably full, vibrating and inelastic; tongue covered with a whitish tenacious phlegm; dysuria amounting in fact to complete retention, or rather suppression, and considerable dyspnœa. Our prescription was —℞. disulphate of quinine, ten grains; sulphate of morphine, half a grain, every half hour, and sinapisms to the extremities, to the spine, and over the epigastrium. Under this treatment

the condition of the patient rapidly improved. The delirium, jactitation, and sweating subsided, and, when we saw the patient twelve hours after the attack, all the most alarming symptoms had disappeared. He now had some cough, and complained of pain in the right side of the chest, for which we ordered a blister to be laid on the affected part, and gave 20 grains of the submur. hyd. to be followed with a full dose of oleum ricini in two hours. The other medicines were continued, but given less frequently; the powders of quinine and morphine every two hours, the brandy every hour, with orders to discontinue the brandy in case the skin became hot and dry. The next morning the condition of the patient was much improved; the cathartic had operated well; the cough and pain in the side had subsided; the patient had rested pretty well through the night; and the strangury, which had been treated with demulcent drinks, and warm fomentations over the hypogastric region, was completely relieved. The powders were continued, though in smaller quantities; convalescence soon ensued, and the patient had a rapid and perfect recovery.

Case IV.—Mrs. T. H., aged 25, a married woman of good constitution, was attacked on the 19th of April, 1845, about sunset, with chilly sensations, aching of the limbs, and pain in the head. We found her, about an hour after the attack with the extremities very cold; the pulse very small and irregular; face flushed and hot; features distorted; delirious, and giving no attention to anything said to her; with her head constantly in motion. We prescribed, ℞—disulphate of quinine, ten grains; sulphate of morphine, half a grain every two hours, with a tablespoonful of brandy every half hour, sinapisms to be applied as in the foregoing cases, with a dry warmth to the extremities. Twelve hours afterwards we found the patient rational, the feet and hands warm, and the restlessness relieved, with pulse fuller though irregular and intermittent, and complained of pain in the head. Continued brandy and powders as before, with the addition of five grains of the sub. mur. hyd. to each powder. This was in the morning, the patient was ordered to take oleum ricini one ounce, oleom terebinth. half an ounce, that evening. We saw the patient early next morning, the bowels had been evacuated freely; she had a slight fever, was somewhat restless, complained of some pain in the head and chest, had a cough, and complained of some tenderness of the gums. Disulphate of quinine, three grains; sulph. morphine, pulv. ipecac. aa, half a grain to be taken every three hours. A blister was laid on the chest over the site of the pain. Brandy discontinued. Un-

der this treatment she gradually recovered, though she was considerably ptyalized, which somewhat protracted the convalescence.

Case V.—J. C. P., aged 23, a gentleman of good habits, was attacked on the morning of the seventh of March, 1848. He awoke from sleep with chilly sensations, aching of the limbs, &c. We found him about an hour afterwards, with cold extremities, the pulse small and irregular, respiration short and difficult, with a peculiar diffuse livid flush on the face. He complained of severe pain in the head, and throughout the entire chest, he could but very partially inflate the chest, and this was attended with severe pain. He had a constant desire to cough, but the effort was almost entirely suppressed. Disulphate of quinine, five grains; sulph. morphine, one grain, this to be taken every two hours. Sinapisms were applied to the ankles and wrists, and also dry warmth. Saw the patient at eight o'clock P. M. Found him tolerably comfortable. The extremities were warm, head entirely relieved, some pain yet remained in the chest, the powders were continued one every three hours. Saw the patient next day at noon—he felt quite smart. As the bowels had not been evacuated for some forty-eight hours, we ordered him to take sulph. magnesia and senna, and three powders of quinine five grains each, the next forenoon. His recovery proceeded rapidly from this time, without a solitary unpleasant symptom.

Causes.—The predisposing cause to this disease is undoubtedly malaria, whilst the exciting cause depends upon sudden vicissitudes connected with some peculiar condition of the atmosphere. We cannot, however, dwell upon these points.

Pathology.—Various opinions have been entertained by the profession, with reference to the proximate cause of this disease. By some it has been supposed to consist in inflammation either of the brain or lungs, or both of these organs; while others insisted upon its depending upon congestion. It appears evident to us that the primary disease is located in the nervous system, and that congestion and inflammation are secondary results. That inflammation does take place in some instances, cannot be doubted, but that it never does in the early stage, is equally clear. That there could have been no inflammation at any time in the fifth case reported in this paper, we think is sufficiently clear from the rapid recovery that ensued, although the early symptoms were of the severest character.

Diagnosis.—There is but one disease that malignant pneumonia is liable to be confounded with, and that is inflammation of the brain. The sudden invasion of the attack, the

great prostration, extreme jactitation, the condition of the extremities, the almost total want of reaction, and the feeble, irregular, and flickering pulse, are amongst the most important symptoms indicative of this disease.

The nature and type of prevailing diseases will also afford much important information.

Indeed this is, perhaps, the most important consideration in forming a correct diagnosis in the malady. Should pneumoniac affections of a typhoid type be extensively prevailing, and any doubt about the character of the disease remains, this circumstance may fairly settle the question.—*N. W. Med. and Surg. Jour.*

ART. VI.—*Anæsthesia.* From Dr. GRISCOM's Report on Obstetrics, to the Phila. Coll. of Physicians.

We now reach the subject which for the period our report refers to, has of all others claimed the most interest; we allude to the exhibition of ether and chloroform by inhalation, for the purpose of producing anæsthesia during parturition. On the 19th of the first month, (January,) 1847, Professor Simpson, of Edinburg, administered ether to a woman in labor, for the purpose of rendering her insensible to pain; it being a case of deformed pelvis, in which the Doctor intended to extract the child by turning; he regarded it of little importance whether etherization checked the uterine contractions or not; the result showed that while consciousness to pain was destroyed, the muscular contractions of the uterus continued. This case was reported to the Obstetric Society of that place the next day. In the succeeding three weeks, Dr. Simpson exhibited ether in "several cases of natural labor, and in one forceps case," and drew from them the following conclusions, which he laid before the same Society:

1. That the inhalation of ether procured for the patient a more or less perfect immunity from the conscious pain and suffering attendant upon labor.

2. That it did not, however, diminish the strength or regularity of the contractions of the uterus.

3. That, on the other hand, it apparently (more especially when combined with ergot) sometimes increased them in severity and number.

4. That the contraction of the uterus after delivery seemed perfect and healthy when it was administered.

5. That the reflex assistant contractions of the abdominal muscles, &c., were apparently more easily called into action

by artificial irritation and pressure on the vagina, &c., when the patient was in an etherized state.

6. That its employment might not only save the mother from more pain in the last stages of labor, but might probably save her also, in some degree, from the occurrence and consequences of the nervous shock attendant upon delivery, and thereby reduce the danger and fatality of childbed; and

7. Its exhibition did not seem to be injurious to the child.

A few weeks subsequently he reported further, that the fœtal heart was but little, if at all, influenced by full and prolonged etherization, either during pregnancy or labor; and that the mother during labor might be kept etherized, if required, for one, two, three, or more hours; he having given it in one case about six, and in another, four hours before delivery.—Under very deep etherization, the uterine contractions were somewhat modified, but recurred immediately in full force as the effect passed off. Dr. Simpson had hitherto seen no traceable injury to mother or child. Immediately after the publication of these results by Prof. Simpson, the subject was investigated by various observers throughout Great Britain and on the continent; amongst the most distinguished of these were Dr. Murphy, Professor of Midwifery in the University College, London, Dr. Prothero Smith, Baron Dubois, of Paris, Professor Villeneuve of Marseilles, Stoltz, of Strasburg, Martin, of Jena, Siebold, of Gottingen, and Grenser, of Leipsic.

In a paper read before the Haverian Society, London, February 5th, 1848, Professor Murphy gives the details of seven cases in which he exhibits chloroform, and draws from them the following conclusions:

1. It does not interfere with the action of the uterus, unless it be given in very large doses, which is never necessary.

2. It causes a greater relaxation in the passages and perineum; the mucous secretion from the vagina is also increased.

3. It subdues the nervous irritation caused by severe pain, and restores nervous energy.

4. It secures the patient perfect repose for some hours after her delivery. These three last effects consequently render an operation much easier to perform, and the recovery of the patient afterwards much more probable.

5. The order of its effects on the vital functions seems to be—loss of sensation, partial loss of voluntary motion, loss of consciousness, complete loss of voluntary motion, sterterous respiration, loss of involuntary motion, cessation of the action of the uterus, of respiration, of the action of the heart.

6. Its injurious effects, when an ordinary dose is given, seem to depend on constitutional peculiarities, or on improper

management. Much excitement about the patient may render her violent; catalepsy has occurred in some, chronic contractions in others. Some patients are slow in recovering from the effects of a large dose; they remain giddy during the day, and sometimes faint when they stand upright.

Professor Dubois's conclusions as officially reported are, that

1. The inhalation of ether can annul the pain of obstetrical operations.
2. It can suspend the physiological pains of labor.
3. It destroys neither the uterine contraction nor the contraction of the abdominal muscles.
4. It diminishes the natural resistance of the perineum.
5. It does not appear to act unfavorably on the health or life of the infant.

In America, Dr. Channing, of Boston, has bestowed much labor and care on the investigation of this subject. An octavo volume of four hundred pages, published the latter part of the past year, is the result of his assiduity. This work presents the subject to the profession in a manner calculated to claim attention. The cases referred to by Dr. Channing, in which ether or chloroform were used, amount to five hundred and seventy-four. They occurred in his own practice, and in that of upwards of forty other respectable practitioners, many of them of high standing.

Dr. C. says, "in five hundred and sixteen cases of labor, embracing among them all the circumstances belonging to this process, except instrumental or manual aid; in all these cases of labor, accomplished during etherization, we have not a case in which the mother did not do well; cases of still birth are referred to, but these, as we have seen, had no connection with etherization." "My confidence in the remedy of pain in this class of labor, (natural) increases daily. The confidence the public have in its invaluable agency also increases; and, reasoning from direct observation of its effects, is there any place for doubt of its ultimate and universal employment."—Dr. C. further says, "very little is offered in this volume of the comparative statistics of midwifery practice, with and without etherization, and it seemed hardly necessary to do this; for I have not reported a case, (and I have reported all which I have been able to obtain,) of untoward result to either mother or child, which by any just reasoning can be ascribed to etherization."

Other observers in various parts of our country, have confirmed these views and results.

Amongst the numerous correspondents, whose authority is quoted by Dr. Channing, we find that of Professor John Ware,

of Boston, who has given ether in two cases of obstetrics, and is favorable to the inhalation of both ether and chloroform: of Professor Bigelow, of Boston, who had exhibited ether in eight cases and chloroform in two; and is favorable to both: of Dr. Pierson, of Salem, Mass., who has given ether in three cases; opinion favorable: of Dr. Putnam, of Boston, who reports seventeen cases of ether, seven of chloroform; opinion favorable: of Dr. Storer, who reports thirty-eight cases of ether, two of chloroform; opinion favorable: of Dr. Bartlett, of New Bedford; has used ether in two cases; is favorable to its use in certain cases, but not in all: of Dr. Jarvis, of Dorchester; has used ether in five cases; opinion favorable: of Professor Roby, of Baltimore; has used chloroform in one case; opinion favorable: of Dr. A. K. Goodwin, of New York; has used chloroform in three cases; opinion favorable; and of Dr. Bartlett, of Concord, Mass. who has used ether in eight cases; but gives no decision.

Dr. Burwell, of Buffalo, gives, *in the Buffalo Med. Jour.*, a statement of fifteen cases of midwifery in which chloroform was administered; he divides them into two classes: 1st, those in which anæthesia was complete or nearly so. 2d, those in which complete consciousness was retained of surrounding circumstances, or only momentarily lost. Eight cases came under the first division. The second class of cases demonstrate, in Dr. Burwell's opinion, the possibility of so exhibiting chloroform that consciousness is retained for surrounding circumstances, and yet the suffering so diminished as to be of little importance; this effect has been noticed by Dr. Channing and others, and was fully exemplified in one of the cases in which ether was exhibited by your reporter.

Professor Lindsly, of Washington, D. C., says, "that sufficient evidence has now been advanced in favor of etherization in midwifery practice; it having been employed in probably two thousand cases, without a single fatal result; to render it the duty of the profession to give it further trial; to experiment with it cautiously and judiciously, in order to see if we cannot finally arrive at general laws and principles which will enable us to administer it without danger or apprehension." Dr. Clark, of this county, has published in the Medical Examiner, several cases in which ether was exhibited with favorable results, and which have already been reported to this College.

Besides these, we are not aware that any cases have been published by residents of this city and its vicinity. But we understand from our friends, that several of them have given the practice a partial trial, without any untoward effects having resulted. Your reporter has used it in but two cases, one a forceps case, and the other of natural labor. In both, strong

expressions of satisfaction and gratitude were used by the patients at the time and afterwards, and their recovery was rapid and uninterrupted; in the forceps case the increased secretion of vaginal mucous after the induction of anæsthesia was very striking.

Nearly two years have now elapsed since the practice was introduced by Professor Simpson; it has been tested by careful and competent observers in Europe and America; and most, if not all, who have published the results of their observations on this subject, agree that the suffering of labor can be greatly ameliorated or entirely abolished by the inhalation of either sulphuric ether or chloroform; that the expulsive efforts of the uterus are not interfered with to any considerable extent: that the general condition of the system for safe and rapid delivery is improved; that the exhaustion which usually follows labor is diminished; and that no serious disadvantage has hitherto resulted to mother or child. On the other hand, it has been clearly shown by the experiments of Wakley and others, that both ether and chloroform, if improperly or excessively exhibited, are highly dangerous, and hence it becomes a question whether the immunity from danger which has hitherto attended the exhibition of these agents in midwifery is the result of an adherence to certain fixed principles, or is accidental? This, it appears to your reporter, is the only question of importance in regard to it, which remains to be settled, and he has no hesitation in asserting, that if extended experience settles it in favor of the safety of the use of either agent, an inestimable boon will have accrued to mankind; not that it would be proper, even then, to resort to it in all cases, but if the practitioner can *feel himself at liberty to resort* to it without apprehension of danger should the pangs of childbirth become intolerable, a vast amount of mental disquietude, as well as physical agony will be saved to those females who place themselves under his care.

ART. VII—*A new Treatment of Catarrh.* By JOHN A. LOCKWOOD, M. D., Surgeon U. S. Navy.

For nearly a year I have pursued a plan of treatment in catarrh, which, in numerous instances, unfailingly relieved its initial symptoms almost immediately. It is adapted to its earliest stages, when the mucous lining of the nasal cavities is dry, tumid and red, accompanied with a feeling of heat, fulness, and itching of the part.

The remedy consists in the application of a solution of nitrate of silver to the Schneiderian membrane. It is best applied with a camel's hair pencil. The strength of the solution should not be less than eight grains of the salt to one ounce of the distilled water. I ordinarily employ a solution somewhat stronger—ten grains to the ounce.

The application is not painful, nor even disagreeable. Its immediate effect is to excite a copious serous effusion, which continues for some minutes. After this the nostrils are freed from the previous impediment to the passage of the breath through them, when the sensation of relief becomes at once manifest. With the subsidence of the local swelling, the general heaviness and *malaise* disappear. For some minutes, the inhalation of cold air communicates to the mucous lining of the nose a feeling of rawness. This, however, is of short duration, after which, unless the inflammation has extended beyond the Schneiderian membrane, the cure is complete.

To accomplish a radical cure, the solution should be applied at the very commencement of the attack. When the inflammation has extended to the pharynx, &c., it is no longer practicable to subject all the parts affected, to a treatment which is mainly local. I have, however, applied the remedy in many cases where the disease had made several days' progress. Then, although no expectations were entertained of removing any symptoms of bronchial irritation which might have supervened, the relief to the head was always satisfactory, by the liberty it afforded to the passage of air through the nostrils.

M. Deschamps, in the *Gazette des Hopitaux* for October 1847, recommends snuffing up the nostrils every two hours, a solution of opium in water, as an effectual cure for coryza. This method I have not tried. Before reading an account of it, I had for several months employed the solution of nitrate of silver with such happy results, that I was indisposed to seek for any better plan. The insufflation of ardent spirits will often check an incipient catarrh, but the remedy is unpleasant and painful.—*Am. Jour. Med. Sciences.*

ART. VIII.—*Cerebro-spinal Meningitis.* By A. STONE, M. D., Auburn, Mass., March 30, 1849.

This disease has prevailed to a frightful extent, for the last four weeks, in the towns of Sutton and Millbury, in this State. The first case was that of a boy 10 years of age, in Sutton.—He was suddenly attacked with entire prostration of reason,

delirium, intense pain, spasms, great coldness of extremities and whole body, with collapse of the vital energies. After a rather imperfect re-action had taken place, petechia, or a mottled state of the skin and surface, made its appearance, which led to the conclusion that the character of the disease was a more aggravated form of typhus, or the spotted fever that ravaged portions of New England in 1810 and subsequent years. But other cases occurring in rapid succession, and with such fatality, led to the suspicion of a more alarming and deadly disease than even that fatal malady.

The prevailing features in this epidemic are strikingly coincident with that which has prevailed so extensively and fatally in France and Ireland, and other portions of Europe. The majority of cases have been among boys, but according to the number, more male and female adults have been its victims than in Europe. One case, a boy, 5 years old, terminated fatally in the short space of ten hours from the time of the first discovered symptoms; one case in thirteen hours; and others in twenty-four hours. This, added to the circumstance that males and females of upwards of 60 years old have been its victims, would make it appear to be of a more mortal character than either of the epidemics of Europe—as the shortest period there of termination, out of hundreds, was fifteen hours.

With one or two exceptions, every patient has been suddenly prostrated with loss of reason, rigors, extreme coldness of the extremities, and lividness, loss of vital warmth, pulse small and thready, severe pain, convulsions and spasms, especially of the neck, attended with rigidity. The state of delirium and restlessness has been so extreme in most cases, as to require from four to six attendants to restrain the patient. In those patients that continue for three or four days or more, re-action, more or less perfectly, takes place; the pulse is irregular, small, tremulous and intermitting; the pupils dilate or contract, according to exposure to light; the delirium gives place to coma; "the *powers of speech and deglutition fail*;" the teeth become covered with a foul sordes; the breath offensive; typhoid symptoms, more or less severe, take place, and death closes the scene.

Fourteen deaths occurred in rapid succession, before any *post-mortem* examination cold be obtained. This was a case of a male adult, which terminated on the thirteenth day—of longer duration than any previous case. The symptoms at times were so far mitigated as to afford hopes that convalescence would permanently take place; but the flattering and lucid spells proved short and transitory. The same state has been manifested in others. In this case, the vessels of the ar-

achnoid were engorged with dark blood, and the entire membrane covered with a thick purulent matter. Sero-purulent matter was found in the ventricles and at the base of the brain. The medulla oblongata and spinal cord partook of the same lesion and showed the same traces of diseased action. No lesion was found either in the lungs, thorax or abdominal viscera. The stomach and bowels appeared healthy, discovering neither inflammation nor ulceration. The results in this case showed most unequivocally the disease to be that denominated, in Europe, cerebro-spinal meningitis. As all the other cases, although not examined autopsically, strictly resembled this and each other, in all their leading features and symptoms, it may with propriety be considered to have received its proper appellation.

The case of the boy 5 years of age, Mr. Hall's, which terminated in the short space of ten hours, although the most suddenly fatal, was not taken so violently as either of the others; delirium did not come on until within three or four hours of death. He was sent to town in the morning and was measured for a garment. During this time the lady noticed he appeared very cold and shivering. A degree of debility was so manifest, that assistance was necessary to extend his arm to finish the measurement. The child, during all this time, made no complaint. Yet the rigors and coldness appeared so great that the lady was more than half inclined to suspect it might be feigned. He went home himself, when every symptom became more and more aggravated, and death took place at 6 o'clock on the same evening. All remedies and means used, were utterly unavailing: re-action could not be produced, and never took place; the first collapse proved a fatal one. In this case the disease run its course in so short a time, that much lesion might not be expected; and though every part was examined scrutinizingly by twelve physicians, it was hard to account for the cause of death, so little diseased action was manifested. As in the other case, great vascularity of the arachnoid was prominent; the substance of the spinal cord, instead of being indurated as in the other case, was softened almost to a pulp. No purulent matter was found either in the ventricles or the base of the brain, or spinal canal. The viscera throughout, with the stomach and bowels, were in a perfectly healthy state.

The question naturally arises in this case, where did death commence, what its character and cause? That it is an epidemic having its cause in the atmosphere, there can be no room to doubt. But why such a deadly epidemic should here arise and hover around this small extent of country, without

seeming to spread, there is no means of knowing. There is apparently nothing in the geographical and physical situation of the country, to generate any such cause, any more than in the neighboring towns. *But what can be its cause?* That it is a miasmatic or aerial poison, of a most subtle and deadly nature, every case combines to prove. From the very consideration that every case has been suddenly attacked without any premonitory symptoms, in apparent good health, the striking similarity and uniformity of every symptom, and the onset of the malady, all go to prove this in a most conclusive manner. The characteristic features in every case are such as to show the effect of some sedative and deadly agent upon the cerebro-nervous system. The sudden and extreme collapse, great agony, and indescribable restlessness, that are so uniformly manifested in the congestive fevers of the *miasmatic* districts of the western and southern States, show the cause of the two diseases to be one and the same. But the question will be asked, why is its force of action and lesion confined to the meninges in this disease, any more than in the general congestive fevers of the malarious districts? This problem we are unable to fathom. We have witnessed death as suddenly in congestive fever of the WEST, as in the case above mentioned, when no lesions or disorganizations could be found; only an engorgement of the bloodvessels of the vital organs, and functional derangement. A poison so sedative in its nature as to paralyze all nervous energy and sensibility to external feeling, is sufficient to suspend the muscles and powers of respiration, arrest the flow of blood to the heart and brain, and produce death by *apnœa*. In this way we account for the death of the boy whose case is detailed above. That death may be occasioned by the mechanical disarrangement and impediment of the vital machinery, by the sedative action of malaria or other deadly poison, paralyzing the vital energies of the nervous system, is well known to every physician who has practiced ten years, either in the southern or western States, however much the idea may be *sneered at here*.

Every case thus far has proved fatal, amounting to nineteen or twenty; and no plan of treatment has yet been attended with any success, either in arresting its progress or modifying its paroxysms. We should repose some confidence in liberal doses of the sulphate of quinine, administered immediately on the development of the disease, aided, of course, with strong counter-irritants or the actual cautery itself. All suggestions however, of this nature, may seem gratuitous at present, as in all probability some further notice will be taken of this epidemic.—*Boston Med. and Surg. Jour.*

ART. IX.—*Case of Hydrophobia—Cure.*

The following is the detailed account of the Case of Mrs. Burrows, of Camden, N. J., by Prof. Jackson, of Phila., a short account of which, we published in our Jan. No. We extract it from the last No. of the Transactions of the College of Physicians of Philadelphia.

The third case is that of Mrs. Burrows, which has excited some curiosity and interest from the recovery of the patient. This very uncommon result is well calculated to cast a doubt on the true nature of the disease, and suggest suspicions whether it was a true case of rabies canina. On this account, I shall lay before the College a somewhat minute and detailed statement of all the circumstances of the case, and leave it with them to decide the question.

Mrs. Burrows is about 30 years of age, rather of full embonpoint, a brunette, with black hair and dark eyes. She has a physically nervous temperament, but possesses a determined character, great resolution, and a flow of spirits that rarely fails. When a girl she was subject to nervous attacks and spasms. The last severe one, her father and herself informed me, occurred ten years since. She has been married seven years, and has had four children; one she lost last summer; the youngest was nine weeks old at the period of her attack.

Since her marriage she has had but one nervous spasm, which took place four years since. It was brought on by the painful attempts to remove a pin she had accidentally swallowed, and which was sticking in the fauces near the top of the larynx. This was the last nervous spasm she had suffered prior to the invasion of the disease. Doctor Horner saw her at the time, with her brother, Doctor Cooper, at present a surgeon in the U. S. Army.

In the month of July last, then residing in Cooper Street, Camden, she was at the gate door with her child, a little girl aged —years. She saw two dogs running up the street; she stepped into the yard alongside the house, leaving the child at the door. She soon after was alarmed by the cries of the child, and the noise of a dog, and running to the door, found one of the dogs had attacked her child. She flew to its rescue, and in saving it received a bite on the inside of the wrist of the right hand. Two punctured wounds were made by the fangs of the dog, about an inch apart. They were slight, and she did not mention the circumstance to her husband, or pay any attention to them; they healed in a day or two. The dog disappeared, and nothing more has been heard of him.

No inconvenience was experienced from the bites until the commencement of October, when the slight cicatrices made became red, slightly tumefied, and painful. In some days after, one festered, which she opened; it discharged a few drops of greenish matter, healed, and gave no further trouble. The other remained hard and painful, and pains extended from it up the arm, to the shoulder. In a few days the whole arm became painful and swollen, a small tumor formed on the inner side of the arm about two inches below the axilla. It did not gather.

During this period, as she occasionally complained of her arm, her friends would inquire of her what ailed it; to which she frequently replied jokingly, that she had heard of a milk-leg, and she supposed her's must be a milk-arm. This is mentioned to show that her mind was not occupied with the idea of the bites.

On Friday, 27th October, Mrs. Burrows, after coming down stairs in the morning, drank a glass of cold water, as is her custom. She was surprised by a sudden shuddering sensation, but as it passed off, she thought no more of it. In the course of the day she crossed over to the city to visit her parents.—When on the river, particularly on her return, she felt a singular dread and uneasiness at the sight of the water she could not understand. It left her when she landed. In the evening, feeling unwell, she resolved to bathe her feet before going to bed. When the water was brought, she attempted to try with her hand its temperature. She was instantly siezed with a violent shuddering, and sense of dread. Her husband, who was present, laughed at her, and asked whether she had not been bitten by a mad dog. She was fearful of giving him uneasiness, and did not mention the bite she had recieved in July.—Soon after, in attempting to take a drink of water, she was seized with violent spasms of the throat, and a sense of suffocation, to an alarming degree. Dr. Fisler, of Camden, who was her physician, was sent for, and remained with her the greater part of the night, as the spasms continued to recur at intervals. She was treated with acetat. morph. gr. ¼, every two hours. Dr. Cooper, of Camden, also saw her. I received a message requesting my attendance, and visited her at 2 P. M. While in the parlor down stairs, I heard a peculiar sound that bore some resemblance to a dog's bark. It was remarked that the patient was then in a spasm, as in them she made that noise. When I reached the chamber, the spasm had ceased. Mrs. B. was in bed, in full possession of her senses, conversed with me, without hesitation or difficulty, in a pleasant manner. She had no fever; pulse 68 to 70; skin cool; she

complained of fullness of the head, which she attributed to the pills of acetat. morph. The adnata were slightly injected; she complained of pain in the neck, and in the throat; fauces appeared dry, and voice hoarse. Right arm swollen, and exceedingly sensitive; epigastrium sensitive to pressure, but it did not cause spasms, or disturb her breathing. Fanning, or waving the hand did not produce spasms, or unpleasant effects. Water poured from a vessel, though unseen, and no previous intimation given of the intention, Dr. Fisler informed me, had caused paroxysms in the course of the morning.—I requested her to drink some water, with which she complied immediately. She took a mouthful, but in trying to swallow, a frightful spasm was induced, limited; as it appeared to me, to the larynx and fauces; she appeared suffocating. The diaphragm and abdominal muscles did not participate in it, as I kept my hand on the abdomen to ascertain the fact. She appeared to me for a short time to be unconscious, the eyes rolled upwards, but she declared she retained her senses perfectly. It was a violent struggle for breath, but not general convulsion or spasms. There was no salivation or mucous collected in the mouth.

At this visit I expressed to my colleagues, Drs. Fisler and Cooper, that although the symptoms were somewhat suspicious, yet, taking every thing into consideration, I was disposed to look on the affection as a simple nervous one, and probably hysterical.

The following course was agreed on. Sinapisms to the epigastrium; cups on back of neck; sinapisms down the spine; enemata of assafœtida, ʒiij suspended in water, and chloroform, ʒjss in an emulsion, every hour if required.

Sunday morning, October 29th.—Patient apparently better, very cheerful, calm, collected in manner, and gay in conversation. Spasms had continued yesterday until evening, when they had ceased, and had not again returned; passed a quiet night, but did not sleep sound. She had drank water freely several times. Some difficulty had been experienced in swallowing it, but no spasms were excited. Head more comfortable since the pills were omitted. Throat feels sore, but less painful than yesterday. Skin, pulse, and tongue natural.—Sensibility entirely lost in the skin of the right arm, below the deltoid muscle; does not feel pinching, or touching. She asked me to stick it with my knife, to ascertain whether she could feel that. There is notwithstanding, deep-seated pain in the course of the nerves. There are also slight spasmodic twitchings of the muscles of the arm. The whole abdomen feels sore and uncomfortable; pressing the epigastrium gave most

uncomfortable sensations, and disturbed the respiration, rendering it irregular, but did not cause spasms. In the night ejected some blood by vomiting, which did not coagulate.—Bowels have not been opened.

At this visit my first impressions were rather confirmed than weakened. It was determined to continue the same plan of treatment, and to add the following, with a view of acting on the bowels :—Mass. hydrarg., ℈j; syr. rhei, ʒj. A teaspoonful every hour. Enema of emulsion of assafœtida, if spasms continue.

The first dose was given at 12 M. The attempt to swallow it brought on violent spasms of larynx and chest, threatening suffocation.

From this time, the spasms occurred, with short intermissions, spontaneously, notwithstanding the assafœtida injections, the sinapisms to abdomen, and other means resorted to by Drs. Fisler and Cooper.

I saw her at 5 P. M. There was an intermission when I entered the room. She expressed herself as suffering great bodily distress. The right arm was in constant agitation from slight spasms; the right shoulder painful; no sensibility in the forearm. The cicatrix was tumid, red, and sensitive to pressure, though the hand and arm were insensible. She complained of acute pain in both hams. Pressing on the groins, on the calves of the legs, in the armpits, as well as under the knees, excited acute pain. Has sense of distress in throat, chest, heart and abdomen. Notwithstanding this state of suffering, talks cheerfully, even answered in the same spirit to some jocose observations, and expressed her full confidence in her attendant's skill. Without her observing it, I placed my hand near the back of the head, some inches from it, and gently waved it. She was on the instant seized with shuddering, followed by strangling spasms of the larynx, fauces, and of the chest, arresting respiration, followed immediately by spasms of the trunk, in which she was tossed about the bed gnashing her teeth, and plunging her head into the pillows, and bedclothes, biting and tearing them.

Chloroform was sent for. It was obtained from an apothecary in the neighborhood. When procured, as no sponge was at hand, I soaked a rag with it, and seizing her by the back of the neck, attempted to hold it near her mouth. The inhalation was imperfect, as the spasms kept the patient in constant motion, and as she was making plunging efforts to seize the rag with her teeth, some caution was required to avoid being bitten.

A sponge was then procured, and the inhalation was more effectually performed; as the effect took place, and the spasms were mitigated, the patient assisted herself to hold the sponge to her mouth. In a few minutes the full effect was produced, and she fell perfectly insensible, every muscle in perfect relaxation, and the respiration easy and natural. An enema was now administered, consisting of Pulv. ipecac. composit. ℈ij; chloroform 3ij, in starch water.

The medical attendants retired to another room, where the excision of the cicatrix was talked over and determined on.

After returning to the room, while sitting by the bed-side, she suddenly addressed me, saying, "Dr. Jackson, what is my disease?"—"Nervous spasms," I answered.—"I know that, but what causes these spasms?"—"Many causes of various natures may give rise to them."—"That is true, but is not that the cause," putting her left forefinger on the cicatrix on the right wrist. "Is it not that?"—"Most probably it is."—"Why not, then, cut it out? why not, if necessary, take off my arm? I can bear it, I have nerve for anything."—"Cutting it out is precisely what we have concluded, just now, to do, but it so happens, we have no instrument with us."—"Well, take your penknife, I won't flinch." Dr. Cooper, who had stepped out, returned with a venerable scalpel that had evidently not been in service for a long time, and a tenaculum. I hooked up the cicatrix, and with some effort succeeded in excising the skin surrounding the cicatrix. This rude surgery was borne well. She then said, "Do you not think it would be better to apply caustic to the cut?"—"A good suggestion," I replied, and immediately applied caustic liberally over the whole surface. A poultice of pulv. ulm. rubr. was directed to be applied.

The excision of the cicatrix was hardly completed, when a spasm came on. The chloroform was immediately administered with the sponge, its full effects were induced, and she again became insensible. She was some time in this state; as she was recovering from it, she raised herself slowly on her knees, and with her eyes intently gazing, and her arms stretched upwards, she addressed the vision of her lately lost child.—When she had entirely recovered, she related the vision she had seen.

It was agreed that the chloroform should be given as soon as a paroxysm was observed coming on, that in the course of the night another enema similar to the last should be administered, if the spasms continued to recur, and calomel, gr. xx should be given, to relieve the bowels.

Monday, October 30th.—At my visit this morning found her better, calm, and cheerful; pulse 96; temperature of skin natu-

ral. Tongue moist, slightly coated. I was informed that spasms had continued to recur from the time I left her until midnight. Many were exceedingly violent. The chloroform had been timidly administered. As the spasms appeared to yield, the chloroform was withdrawn, from an apprehension of some ill consequences from using it so constantly. The patient, as soon as the spasms would permit her to articulate, would call for more and urge its use. After 12 o'clock, the spasms were subdued so much, that instead of being instantaneous, she had a warning of their approach, when a few inhalations arrested their further development.

Was sick in the night, and vomited more blood, which remained liquid.

Throat feels sore, voice is hoarse; abdomen uncomfortable, and slight pressure distressing; cannot bear the weight of the bed-clothes on it. Pressure on the calves, under the knees, groins, and arms, very painful. Bowels have not been moved. In the confusion from the conflict with the spasms, the calomel directed had not been given. No feeling in the right arm. It is paralyzed, but is often affected with tremulous spasms.

Mrs. B——— is naturally nearsighted. Her father assured me she had been so from early youth. She was unable to distinguish the features of a person standing at the foot of the bed. Her sight is now quite acute. The shutters are bowed, and the curtains drawn, as the light is offensive, yet she sees a pin sticking in the paper on the opposite wall of the chamber, distant at least twelve feet.

The hearing is equally acute, though her hearing is rather dull in health. Yesterday, when the medical attendants were in the parlor beneath the chamber, the stairway opening into a small entry communicating with the bed-room, she heard the conversation below, and repeated parts of it to those with her at the time.

She remarked to me that her throat felt so uncomfortable and dry, that she wished it could be greased inside with a feather. I suggested to her to take some oil of butter, to which she assented. It was prepared and brought to her in a silver spoon; but as soon as the glitter of the metal caught her eye, she was taken with a strong shuddering, and spasmodic action of the throat and face. The oil was then placed in a small toy-cup; she received it in the mouth without difficulty, but in attempting to swallow it, a spasm came on. I called to her to spit it out; but she made another effort, when most of it was expelled, and a strong spasm was induced. The chloroform on a sponge was brought under her mouth, a few

inhalations produced partial insensibility and relaxation, and the paroxysm ceased. Calomel (gr. xvi) was given. Pills are swallowed without difficulty, and crackers can be chewed and swallowed.

6 P. M. No complete paroxysm since morning; several times spasms were threatened, but arrested immediately by chloroform inhaled. This afternoon, her father seeing a fly about to light on her face, waved his hand to drive it away. This excited a spasm, checked, however, by chloroform. The looking-glass, and other shining objects in the room, were covered over. The glitter distressed her. The windows were also kept down; she could not bear the air to blow upon her.

I inquired of her what had been, and were, her feelings; she said it was difficult to describe them, but they were more like a dread of something, she knew not what, than any other feeling. Her mind is tranquil; she converses cheerfully; being a Catholic, she has observed the religious obligations of her faith, and is fully prepared for any event.

The wound is discharging freely a thin serous fluid. The arm feels, she says, as though sensation was returning in it.

Bowels have not been opened, or urine passed. Directed a purgative enema, and after evacuations, pulv. ipecac. comp. 3ss, in injection. Chloroform *pro re nata.*

Tuesday, 31*st*.—Had passed a comfortable night; bowels and bladder had both been relieved last evening, and again this morning; had taken the Dover's powder injection. Twice spasms had been excited in the evening; once by a young girl coming into the room, and approaching the bed with a glass of water in her hand; the other, by an attendant, without thinking of it, bringing a basin of water into the room; each time chloroform arrested the spasms.

The wound discharges freely; suppuration has commenced; sensibility has returned to the arm; pressure on the calves, beneath the knees, in the groins, and armpits, much less painful.

She took last evening, some ice-cream, and repeated it this morning; she has taken also, some milk this morning. The uneasiness of the throat greatly abated; epigastrium less sensitive, bears pressure without the same distress. She informed me this morning, that during the violence of the attacks, a feeling appeared to start from the cicatrix, ascend the arm, pass down the chest, and strike into the stomach; but that now the feeling appears reversed, and seems to pass from the stomach into the arm, and descends into the wound.

The chloroform is used whenever there are threats of spasms from uneasy sensations. Repeat the enema of Dover's powder.

I inquired of her whether there was any difference between the attacks she had suffered during the last few days, and those I had understood she was formerly subject to. She said there was; they were wholly dissimilar. I asked in what respect. There is this difference, she remarked; in the former attacks I was generally unconscious; I knew no one about me, what was said, or what was doing. When I came to myself, I did not know that anything had happened to me. In these last, I had my consciousness entire. I knew every one, heard all that was said, and I knew all that was doing. There is also this difference. In my old attacks, bandages were tied tight around my stomach, and pressure made, which always gave me relief in the milder attacks; in those I have lately experienced, I could not bear the slightest pressure on the stomach; the bed-clothes oppressed me.

Nov. 1*st.*—Was restless in the night. The hand, wound and arm more painful; the edges of the wound pale and unhealthy; discharge thin and sanious. Directed it to be dressed with ungt. resinæ flav. Abdomen and epigastrium are no longer sensitive, or the seat of uncomfortable sensations; bowels relieved. This morning has taken ice-cream and milk. She has swallowed three or four raw oysters; complains of thirst, and wishes to make a trial of drinking water. Some was brought to her, and she took a large draught. A slight tremor only was produced, followed by a sense of glow, and suffusion of the face; continue milk, ice-cream, and raw oysters. At night the usual enema of Dover's Powder. Chloroform has been discontinued.

4*th.*—Has continued free from spasms; arm been painful.—To-day was brought in a carriage from Camden, to her father's residence in Market Street above Ninth. Saw her after her arrival. She was in the sitting room down stairs, resting herself. At 9 P. M., I was sent for to see her. In carrying her up stairs to her chamber she had fainted. She continued from fifteen to twenty minutes in that state. She revived soon after I entered the room, when, as usual, she commenced with me a cheerful conversation.

She informed me that she had lost her milk during her illness, and will be compelled to get a nurse.

5*th*—Had rested well; feels better though feeble; arm less painful.

23*rd.*—Have not seen Mrs. Burrows until this evening, at 10 P. M., when her brother, Doctor Cooper, of the U. S. Army, urged me to visit her immediately.

Since last report her general health has been good. The arm has remained painful; the pain appears to be confined to the

ulnar nerve in the forearm, but the whole shoulder is painful. On the 17th, Doctor Fisler saw her, and as she was that day feeling very uncomfortable, with increased pain of the arm, and the wound was nearly healed, he again applied caustic potash. The slough was thrown off to-day. The pain of the arm had been increasing for the last two days, and finally, this evening, strong spasms of the arm came on, recurring, in paroxysms, every ten or twelve minutes, accompanied with sense of numbness. Severe pain existed also in the nape of the neck, extending down the back to the last dorsal vertebra.

I directed a warm poultice with ten grains of powdered opium, to be applied to the wound. A pill containing sulph. morph. gr. ‡, was ordered to be given every two hours, and a dozen dry cups to be applied along the spine on the neck and back. One spot opposite the third dorsal vertebra, was exceedingly sensitive; when a cup was applied to it the right arm was thrown into violent spasms, the forearm was rigidly flexed, and the hand clenched. It continued in this state until the cup was removed.

24*th*.—The pain and spasms of the arm continued nearly all night. Towards morning became less, and the patient got some sleep.

No spasms of the arm to-day; the course of the nerve is yet tender; a little below the axilla is very sensitive; wound discharging freely; a liniment of extr. of stramonium, aconite, opium, with cerate oil, was directed to be rubbed on the arm, and the pill to be continued, at intervals of from four to six hours.

25*th*.—Rested well last night; arm less sensitive; wound looks healthy; omit the pills; continue the liniment.

From this period Mrs. Burrows continued to improve in health. Her milk returned. The wound cicatrized in the second week of December, the pain ceased in the forearm, but the shoulder and axilla continued sensitive, and occasionally painful, until the commencement of January. To the present time (Feb. 6,) she continues to enjoy the most perfect health.

PART THIRD.

FOREIGN INTELLIGENCE.

PRACTICAL MEDICINE, &c.

1.—*Hydropathy and its evils. Report of a case.* By C. B. GARRETT, Esq., Surgeon, Thames Ditton.

Five children, of a respectable family in my neighborhood, were attacked last month with scarlatina; all progressed well till Friday, Nov. 3d, when one, a boy, through incautious exposure to wet and cold, was seized with inflammation of the meninges. I saw him shortly after its commencement, in the evening, and adopted the proper therapeutic measures. The pain and screams of the boy increased during the night, and at the suggestion of an alarmed relative, who had been under this treatment, the hydropathic doctor was sent for early on the morning of the 4th. Wet sheets, towels, and bandages were lavishly applied; cold water lavements, cold water for food, and (*toujours perdrix!*) nothing but cold water for food, drink, or raiment.

On my arrival I met this gentleman: "Sir," said I, "how do you expect your treatment to act?" "Derivatively," replied he; "cold water promotes absorption, attracts the morbid action to the skin, and instantly relieves the brain. The wet rollers round the loins act powerfully on the kidneys, and the lavements clear out the bowels. Taking nothing but cold water starves out the disease. "Sir," continued he, "smash your bottles; you will adopt hydropathy in a week, and a splendid water-cure practice you will make." "I wish you could get rid of a toothache for me," said I, experiencing a twinge at that moment. "Sit with your feet wrapped in cloths of cold water, for half an hour, and I will guarantee that you lose your toothache."

To proceed; my visits now ceasing to be professional, I continued them occasionally, out of curiosity. On the evening of the 4th, pain most acute; epileptic attacks frequent; pulse feeble, &c. On the 5th, pains diminished; pupils dilated; pulse slow and feeble; coma, insensibility, and great prostration of strength. The treatment went on till the morning of the 10th, when, on the visit of the learned hydropathist, he shook his head and pronounced the boy *in articulo mortis*, put on his hat, and left the house.

My attendance was again requested. I found the little patient in a positive *pond of water* and wet clothes, bed and all soaked. He was perfectly unconscious of all around him, moaning and crying "Ma! ma! ma!" unconscious of his mother's presence; the symptoms previously enumerated being, if possible, aggravated. The excretions were passed involuntarily, and he had not even swallowed water for twenty-eight hours! pulse almost imperceptible, and in every respect all but dead. A dry bed, dry clothes, warm milk-and-water, tonics, &c., soon revived him; a genial warmth pervaded the system, the pupils regained their natural calibre, consciousness returned, and with it a serenity and happiness of countenance, which too plainly evidenced the advantage of the change, and his lucky escape from this amphibious incarceration.

On the 11th he conversed cheerfully with those around him, took pleasure in his toys, and ate with much *gout* a mutton-chop for his dinner. He is now quite recovered.

This, Sir, is a part of the tale only, for the other four children were all hydropathed. Two had congestion of the brain, and the other two anasarca. The two former recovered, but one of the latter [urine becoming albuminous, bilious vomiting and purging] speedily died. The above circumstances I have related to you with the most perfect sense of candor and impartiality, entertaining as I do, a deep respect for the opinions of others, however erroneous; and I must say, that my hydropathic friend acted throughout with much courtesy and unobtrusiveness, and appeared to attend the case reluctantly, and as though pressed against his inclination.—*Lancet.*

2.—*Diseased Liver Simulating Ovarian Dropsy.*

Miss B———, aged twenty-nine, had been attended by two medical practitioners, one a physician of eminence, for supposed ovarian dropsy. She had suffered from retention of urine, and was obliged, from time to time, to be relieved by the catheter. Her menstrual periods were never regular: this circumstance, combined with the fullness in the hypogastric region, gave the physician-accoucheur who was consulted the conviction that it was an ovarian enlargement on the right side. When Mr. Harvey was consulted upon her case, he found her suffering from great distention of the parieties of the abdomen, and occasional retention of urine, requiring the use of the catheter. Her size at this period was equal to that of a woman about five months advanced in pregnancy. She complained of no constitutional symptoms, her only complaint being the gradual increase in bulk. At this time he felt that something might be done of an operative kind; and as several cases of extirpation of the ovary had been reported as cured, particularly in young women, he requested a further consultation with another physician of eminence, whose diagnosis and critical accuracy he could rely upon. This gentleman, as well as the one before named, considered it an undoubted case of ovarian dropsy. The tumor always filled the right iliac fossæ. As there was a case that had just been operated upon, and which it was thought desirable should be their guide as to which mode of proceeding should be adopted, the practitioners thought it desirable to postpone anything further than palliative treatment. The abdomen, however, gradually enlarged and gave her considerable uneasiness, and it was thought desirable that another consultation should be held, in order to decide upon the chance of relief that might be afforded her by emptying the cyst. At this consultation, it was deemed expedient to postpone tapping, and a further application of leeches and purgatives was adopted. This treatment, although followed with regularity, gave no relief, and she continued to increase in size. She determined now, at the end of four months, on being relieved by tapping, which he [Mr. Harvey] performed. The quantity of fluid drawn off amounted to little short of sixteen quarts of a pale, transparent, amber color, resembling water very slightly tinged with bile. Mr. Harvey remarked to a medical friend in attendance that he had never witnessed such kind of fluid before from an ovarian cyst. The operation produced a considerable prostration of the powers for some time, but gave great relief; a stay bandage was applied. The pa-

tient continued to improve for a fortnight. The functions of the kidneys and bowels were performed regularly. She was placed under the influence of small doses of mercury and tonics, and the pressure on the abdomen was gradually increased. A sudden alarm in the family produced great disturbance in her mind, and the cyst was observed to refill. Considerable constitutional symptoms set in, attended with rigors, two or three times in the twenty-four hours, which led to the belief that the cyst was suppurating; but such was the suddenness of the attack, and consequent depression of the powers of life, that neither his friends nor himself dare venture farther than merely allay symptoms as they arose. She sank forty hours after the first alarm in her family. As it was a case of great interest, he was desirous of inspecting the body, the size of which resembled a woman in the last period of pregnancy. An incision was made through the abdominal parieties, which exposed a cyst, containing as much purulent fluid as was before named; tracing up the cyst it was found to be connected with the left lobe of the liver, which was broken down, with scarcely a portion remaining. The kidneys were slightly advanced in Bright's disease. The uterus and ovaries were found to be healthy. This case appeared to be interesting, particularly with regard to the absence of one very important symptom—namely, jaundice, which, in hydatid disease of the liver terminating in suppuration, he believed was never absent. The early history of the case entirely impressed himself and others with the conviction that it was an ovarian enlargement.—*Ibid.*

3.—*Remedies for Cholera.* By W. T. Gairdner.

The first and most controverted of cholera remedies to which we shall allude, is *venesection*. In reference to this, the evidence is of the most varied character. It has been employed with alleged benefit in all stages of the disease, and not less in this country than in India. The most satisfactory accounts are of its use in the early stage, before the collapse has occurred; and here it seems to be often most effectual in relieving the feeling of tightness and oppression about the stomach and region of the diaphragm, which are frequently most distressing to the patient.—As to the effect on the mortality, it is difficult to form an opinion. It is usually only in the early stage that blood can be procured in quantity, and this is precisely the stage not only when mistakes of diagnosis are most apt to occur, but in which the disease is most manageable under any form of treatment. Notwithstanding this circumstance, the mortality where blood-letting formed a considerable part of the treatment, is rarely much less in any of Mr. Ross' tables than 50 per cent, and sometimes more; few of these results, however, relate to blood-letting alone. Dr. Robertson, whose observations on this subject in our present number are well worthy of attention, thinks that he has in several instances prevented the collapse by this measure; and the favorable result of his cases presents the greatest encouragement to the practice. He employs it, however, only in the early stage.

Stimulants, especially alcoholic liquors, have been lauded in cholera, no less than blood-letting; but there appear to be now grave reasons for doubting their efficacy, and even, we think, of rejecting them in a great measure in the treatment of this disease. Not only are they in many cases most disagreeable to the patient, whose perpetual thirst they do

nothing to relieve; but it seems to be most probable that they are not absorbed, and that their action is therefore purely local. It is important also to observe, that the evidence against them in Mr. Ross's tables is most unequivocal, and that, both alone and in combination with other kinds of practice, they seem invariably to have deteriorated the results wherever they were used. There is not an instance in these tables of a mortality under 50 per cent. where stimulants have formed part of the treatment. That by stimulants alone, gives in the aggregate 58.8 per cent.

Opium has a very large amount of individual testimony in its favor, and is indeed apparently so directly indicated by the diarrhœa, that we cannot wonder at its having been extensively used. In conjunction with acetate of lead, it forms the celebrated pili of Dr. Graves, which has had a most extensive reputation in the cholera both of this country and India. There seems no reason to doubt, that, in the premonitory diarrhœa, this remedy has the power ascribed to it; but, in the confirmed disease, Mr. Ross's tables show that it has not diminished the aggregate mortality below 50 per cent. Those who continue to employ it should certainly do so in the fluid form, in order not to oppose any unnecessary obstacle to its absorption. In the stage of reaction, or where there is a tendency to coma, as is often the case in this country, there is every reason to reject opium as probably injurious.

Mercury, in the form of calomel, and usually in combination with opium, has been widely recommended in India. In this country it has been used to a large extent, but without remarkable success, according to the returns, excepting in the hands of Dr. Ayre of Leeds, and Dr. Peacock, in whose cases the mortality was as low as 31 per cent., and who both used it *without stimulants*. Whether this success is due to the calomel, or to the simplicity of the treatment in other respects, is, we think, very doubtful, considering the negative results of mercury in other hands, and combined with other modes of treatment. If, however, mercury be employed, we think that the method recommended in our Medical News, by Dr. Fleming, deserves attention; that of administering it in the fluid form of corrosive sublimate. Absorption is known to take place with great difficulty in cholera; and it is difficult, therefore, to conceive a worse form for conveying mercury into the system than that of calomel.

Tartar Emetic is strongly recommended by Dr. Billing,* on the ground that cholera is a fever, and must be treated by sedatives and fever medicines. He considers the collapse of cholera to be similar to the cold stage of ague, and strongly reprobates stimulants in every form. He allows cold water to be liberally given, and even pushes his theory of the disease so far, as to administer quinine from the beginning. The tartar emetic is given in small doses. Dry friction is the only external application. In Droitwich Lunatic Asylum, where tartar emetic was the staple of the treatment, there were only four deaths in twenty-one cases; but this number is too small to afford anything more than a presumption in favor of the remedy. We attach, however, more importance to Dr. Billing's testimony than to his theory, and consider this method as worthy of further trial.

Injection of the veins was first introduced by Dr. McIntosh, of Edinburg; it has been so frequently tried in cholera, and so frequently found

*On the Treatment of Asiatic Cholera. By Archibald Billing, M. D., &c.—London, 1848. P. 15.

wanting, that notwithstanding its extraordinary effects in the first instance, we should hesitate to recommend it in any case which presented a hope of recovery under any other treatment. Nevertheless, the high mortality ascribed to it in Mr. Ross's tables (85.7 per cent.) is evidently to be ascribed to the trials of it having mostly been made upon moribund cases, in which alone it is by many practitioners thought justifiable.—We refer our readers to Dr. Robertson's remarks on this subject, in our December Number, as well as in the present one. Nevertheless, we think that, if this treatment is to have any chance of success, it must be by being tried earlier in the disease, and *repeated as often as the collapse recurs.*

Emetics and strong *Purgatives* (such as croton oil) have each had their supporters; but neither from theory nor experience can we gather much satisfactory testimony in their favor.

Chloroform inhalation has been used in thirty-seven cases in Peckham-house Asylum, all of which presented characteristic symptoms.—(See *Med. Gazette*, Nov. 24, 1848, p. 903.) The number of cases is too small to enable us to form a decided opinion upon the practice, more especially as the details of symptoms and treatment are not given. In the mean time, the results are superior to most of the methods in Mr. Ross's tables, but inferior to the tartar emetic practice in Droitwich Asylum, before referred to, and very decidedly inferior to the results of upwards of 700 cases treated by cold water and saline medicines internally. In the Edinburg Hospital, chloroform was found to relieve the cramps while the patient was under its action; but with respect to the restoration of temperature, and amendment of the symptoms of collapse, it was believed to exert a negative, if indeed not an unfavorable influence.

With regard to several other remedies which have been faithfully tried in Edinburg, we must again refer to Dr. Robertson's paper.

On the whole, we think it is clear enough that the specific for cholera remains yet to be discovered; and that none of the more vaunted cholera remedies present evidence in their favor so strong as to command an exclusive attention. On the other hand, it is much to be feared that the *routine heroic* practice of many practitioners, both in this country and in India, has aggravated to no small extent the mortality of this tremendous disease. This is especially the case, as we have already pointed out, with regard to stimulants.

On reviewing the evidence deduced from large numbers, we find that there are two modes of treatment which present so marked an advantage in respect of mortality, as to arrest our attention very forcibly. The treatment by common salt, with cold water given in abundance internally, produced in 607 cases (in various hands) a mortality of 20 per cent; and in Greville Street Hospital, 107 cases treated by a saline mixture, with copious draughts of cold water, gave a mortality of only 14 per cent.; the lowest which has yet been recorded from a similar number of unselected cases. Nearest to these stands the treatment by ice alone, given by the mouth; a continental practice, of which the results are 30 per cent. mortality. It is a remarkable fact, as pointed out by Mr. Ross, that in all these the administration of cold water by the mouth plays a prominent part; and when we consider the success which this remedy alone appears to have had in the hands of many practitioners (especially Dr. Shute of Gloucester,) it is impossible not to think favorably of it in cholera. Dr. Shute states, "that under this system the state of collapse is prolonged to two, three or five days; and others have remarked, that, during the reaction, a paroxysm of raging delirium is apt

to take place. It is not, therefore, an inoperative remedy." Add to this, that it is most grateful to the patient, whose burning thirst seems always to point to this as the most appropriate resource for his relief. If it be the case also, as seems every way probable, that the water so administered is either absorbed into the blood to replace the fluid lost, or tends to prevent the loss of fluid from the blood by the intestines, we can have no difficulty in understanding its beneficial effects.

We are most firmly persuaded, that cholera, like all other diseases dependent on a specific poison, has a spontaneous tendency to cure after the virus has exhausted itself; and that the treatment will be most securely and successfully accomplished by discarding, in the majority of cases, heroic remedies; by following out the indications afforded by the feelings and desires of the patient; and, as Cullen said of fever, by attending to those conditions and means calculated to "obviate the tendency to death." Now, all that we yet know of the pathology of this disease tends to ascribe the fatal result in the collapse to a slow asphyxia, induced by the imperfect fluidity of the blood. In proof of this assertion, we would refer to pathological facts (see our review on this subject in February, 1848,) as well as to the wonderful, though too transitory, effect of the injection into the veins. We would therefore endeavor by every means to supply fluid to the blood through the intestines, the skin, the lungs, or at least to prevent, in as far as possible, the fluids of the body from being thrown off by these channels.

This might be accomplished—1st, by supplying cold water in abundance by the mouth, as already mentioned, and as dictated by the thirst of the patient; 2d, by the use of baths of regulated temperature, at least at the *beginning* of the treatment; 3d, by maintaining the body of the patient *throughout* the treatment in contact with fluid media, or at least with fluid vapor, by means of soaked cloths placed around him, and covered by a sufficiency of blankets; 4th, by surcharging the air of the apartment with vapor, particularly when the external air is dry and frosty.*

The third of these indications was put in force by Dr. Robertson, by means of the hot wet sheets, surrounded by several dry blankets, very soon after the commencement of treatment in the Cholera Hospital; and the advantages of it over the use of heated air, as in the first cases in the Infirmary, was soon apparent. The mortality under the latter practice, indeed, was so considerable as to cause it at once to be renounced in the Cholera Hospital. It was found, however, to have some disadvantages in the case of adults, from the disagreeable sensations sometimes caused by it, which gave rise to restlessness and struggling, and consequent exposure to the air. We are disposed to ascribe these effects in part to its having been used very warm, and exclusively with the

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*We are happy to find a corroboration of these views, as to the importance of fluids in the treatment of cholera, in an able pamphlet by Dr. Buchanan, of Glasgow, which deserves especial notice as one of the few recent contributions to the pathology and general history of the disease, bearing the traces of independent thought and observation, without being the mere exposition of a hypothesis.—(See *Observations on Malignant Cholera, &c.* By Andrew Buchanan, M. D., Professor of the Institutes of Medicine in the University of Glasgow.

view of producing reaction by artificial heat, and think that many of these inconveniences would vanish if the temperature were studiously regulated by the feelings of the patient.

The regulation of temperature is, indeed, a most important means in the treatment of cholera. The extremes both of heat and cold appear to be ill borne. The momentary shock of the cold affusion (followed by warm wrappings) has indeed been useful in rousing patients from deep collapse; but nothing has shown its continued application to be beneficial. On the other hand, the exhausting influence of excessive heat, externally applied, has been noticed by many writers. The supervention of reaction appears to us to depend much more upon the reception of fluid into the blood than upon the application of external heat; and we have seen it take place, and follow its usual course, where no external heat has been applied. Should the relation of the reaction to the fluidity of the blood be established, it will appear still further how paramount is the indication of treatment by fluids, to which we have alluded. Meantime a moderate amount of heat, such as is agreeable to the patient, appears to us to have most evidence in its favor in the treatment of the collapse.

The relief of the spasms is the next important indication of treatment during the collapse. In relation to this symptom, further trials of chloroform appear to be requisite, unless it shall be found to affect unfavorably the progress of the case. The use of frictions to the affected parts, and of stimulation of the skin by liniments, or by mustard cataplasms, is universally admitted to be useful.

Finally, in the management of the reaction the most important indication appears to be the restoration of the urine, and of its normal constituents, especially the urea and uric acid, which are often deficient, and appear by their deficiency to lead to coma. An excellent suggestion of Dr. Robertson's in these cases is the administration of *colchicum*; and we believe, this has been carried out by him in a few instances with good effect; though, of course, nothing can be yet said decidedly on this remedy.—*Monthly Jour. Med. Sci.*, Jan. 1849.

4.—*Does Calomel really Expel the Biliary Secretion?*

Dr. MICHEA has published in *L'Union Medicale* a very interesting paper on the above question. The author's object was to ascertain, by chemical analysis, whether the green color which purgative doses of the chloride of mercury give to the alvine dejections (besides rendering the latter more copious and less dense) is really owing to a superabundant secretion of bile. Opinions, says Dr. Michea, are not agreed on this point either in France, Germany, or England. M. Higgins (who published his paper in *L'Union Medicale*) and M. Mialhe consider that calomel really excites the biliary secretion. MM. Trousseau and Pidoux, authors of an esteemed work on materia medica, express their doubts on the point. Actual experiments have been made by Dr. Franz Simon,* Dr. Golding Bird,† and M. Siebert.‡ The first of these inquirers found,

*Medicinische-Analytische Chemie, bd. ii. s. 496.
†The London Medical Gazette, Sept. 1844.
‡Naturalist's Society of Erlangen.

after large doses of calomel, a great quantity of bile and biliverdine; the second discovered only a few traces with a hydrocephalic child taking mercury, and the third maintains that the alvine dejections following the use of this metal present no trace whatsoever of bile. The green stools resulting from the use of the Carlsbad and Marianbad waters are on the other hand, denied by M. Kerstin, of Freiberg,* to contain any trace of bile, and that physician thinks the color to be due to green sulphuret of iron, by the reduction, in the stomach and intestines, of the sulphate of soda contained in the mineral waters into a sulphuret, which subsequently combines with the iron likewise to be found in these waters. This theory is founded upon the fact, that hydrochloric acid removes the green color of the fœces, and evolves a large amount of sulphuretted hydrogen. Dr. Golding Bird and Professor Schonlein are of opinion that the green color given to alvine dejections by calomel is due not to an excess of bile, but to an alteration of the hæmatosine. Startled by these dissimilar statements, Dr. Michea began a series of chemical analyses upon—1, the spontaneous alvine dejections of healthy men; 2, the same substance, of a more or less green color, from men affected with gastro-intestinal inflammation; 3, the same, resulting from various doses of calomel; and 4, evacuations produced by neutral salts and resinous purgatives. The author prefers for his tests, the strong nitric acid of Dumas to the sulphuric acid and syrup of Pettenkoffer. The spontaneous alvine dejections of six healthy individuals, four adults and two children, were examined; their filtered solution remained unaltered by nitric acid. The evacuations of three patients affected with gastro-intestinal derangement were examined, and much bile was found in one case only. When the vomiting had subsided, the bile disappeared from the dejections. Calomel given to eight persons, five men and three women, in doses varying from twelve to fifteen grains, produced green stools in four patients only. These being analyzed, it was found that they contained a superabundance of bile, and that with nitric acid, two principles of that secretion might be made manifest,—viz., biliverdine and albumen. The evacuations of two of these subjects gave, not a pure green by nitric acid, as this reagent will generally produce on biliverdine, but a dirty olive, (on this Dr. Michea grounds his belief, that he found bile, and not biliverdine alone;) this olive color, however, assumed the same successive shades of purple, red, and yellow, which biliverdine will yield. In the other two instances, the nitric acid gave a drab or yellowish-red color, almost without any subsequent shades.—The author puts the question, whether this might not have been the bilifulvine of Mulder. The evacuations of five persons who took neutral salts and resinous purgatives were never green, and exhibited no albumen to the addition of either nitric acid or heat, whereas the albumen, as shown by a plentiful precipitate, was abundant with the four patients using calomel. This albumen was, according to Dr. Michea, furnished by the practice,—First, of English physicians, who regard calomel as a specific in liver affections; secondly, of Dr. Schonlein, in typhus, who looks for green evacuations by fifteen-grain doses of the chloride of mercury; and thirdly, of Russian practitioners, who consider calomel the most efficient agent against cholera. Modern organic chemists look upon bile as partly of an excrementitial nature, and that the liver as well as the lungs removes from venous blood substances which have become unfit for assimilation, (the resin and fat to be found in the bile

*Heller's Archiv., 1844, p. 293.

containing much carbon and hydrogen.) The more plentiful, therefore the secretion of bile, the purer the blood. Thus it becomes clear how calomel may act beneficially in miasmatic contaminations, in typhus and cholera. We subjoin Dr. Michea's conclusions:—

1. Calomel acts in a special and direct manner on the liver; this salt occasions alvine evacuations of a peculiar color, due to an excess of actual bile, as shown by the action of nitric acid, which points to the presence of its coloring matter (biliverdine) by change of coloration, and of its albumen by precipitating the latter.
2. This influence of calomel upon the biliary secretion is not constant. It varies according to certain conditions and circumstances.
3. The green evacuations produced by calomel are more frequent with men than women. (This the author supposes to be owing to the greater quantity of alkaline chlorides generated in the stomachs of men, which chlorides, according to Mialhe, would contribute to transform the chloride of mercury into a bichloride.)
4. These evacuations have a peculiar consistence—viz., a viscous liquidity, somewhat like oil, or white of eggs beaten together.
5. In some affections of the intestinal canal, an excess of bile, to be detected by reagents, may be found in the evacuations.
6. Spontaneous alvine evacuations in healthy people are quite free from an excess of bile.
7. Neutral salts and resinous purgatives exercise no direct or special influence on the liver. The alvine dejections which they produce contain no excess of bile, remaining unaltered by nitric acid or heat.—*Lancet.*

SURGERY.

5.—*On the proper period of life for operating on Hare-lip.* By Bransby Cooper, Esq., F. R. S., &c.

"For my own part," says Mr. B. Cooper, "I agree entirely with Sir Astley Cooper in regarding it as unsafe to operate on infants before weaning: firstly, because, from their excessive irritability, they are totally unable to sustain any loss of blood; and secondly, because after the operation they are rendered incapable of sucking; and indeed, Sir Astley has pointed out in his lectures the frequency of the failures he met with in his own practice in operating upon infants shortly after birth. I consider the best time, under ordinary circumstances, to be soon after the child is weaned, as it is then capable of receiving nourishment independently of its mother, and has overcome the distress incidental to the separation from her.

At a more advanced age, as the development of the upper jaw increases in proportion to the growth of the teeth, the deformity is very much aggravated, particularly in case of complex hare-lip. In addition to this, children of five or six years old can offer resistance during the operation, and are also less patient under the restrictions necessary during the progress of reparation. The twisted suture is, I think, preferable to the interrupted; but, from what I have seen of the practice of my colleague, Mr. Cock, I am led to consider the uninterrupted suture better than either."—*Ranking*

6.—*New Instrument for the cure of Exomphalos.* By W. N. Spong, Esq.

Well regulated, constant, and equable pressure, seems all-sufficient for the cure of this disease in infants, and the elastic belt, presently to be described, answers the purpose effectually. It consists of a piece of vulcanized caoutchouc, about six inches in length, and three inches and a half in breadth, to either end of which is attached a piece of fine white linen web, a species of girthing used by saddlers, and manufactured of about the same breadth, with tapes appended, which are tied behind the back. The piece of vulcanized india-rubber should be of such a length, according to the size of the child, as will embrace rather less than one third of the circumference of the abdomen, the circle being completed by the pieces of linen web; this material is sufficiently stiff to prevent its creasing.—*Lancet.*

7.—*A new mode of removing Nævi.*

J. C. Christophers describes (*Lond. Med. Gaz.*, Dec. 1848) a method of applying a simple ligature to strangulate and remove nævi, which, he says, he has employed in six cases, and in all with perfect success, and without any untoward accident occurring. His method is as follows:—

1st stage.—Take a piece of strong silk, well waxed, about half a yard long, and dip the moiety of it in ink to dye it, the more readily to distinguish the ends after it is divided; thread a needle with the same, leaving the ends equal, and pass it under the centre of the part to be removed. This done, cut the ligature in the middle, leaving the needle attached to the inferior or black half of the ligature; take the same and pass it through the skin, immediately below the part to be strangulated. Thread the needle with the superior or white half of the ligature, and pass it through the skin in an opposite direction to the black ligature, immediately above the part to be strangulated. Remove the needle.

2d. stage.—Tie tightly the two ends of the black loop that includes the inferior half of the nævus. Tie in the same manner the two ends of the white loop that includes the superior half of the nævus. The four ends remaining, two white and two black, are now to be tied alternately and tightly, the one to the other, and the operation is completed. The whole mass to be removed is by this means completely and entirely enclosed in a double circle, both from within and without, and is most effectually strangulated. The pain, he says, of this operation is trifling.

OBSTETRICS, &c.

8.—*On the treatment of Puerperal Fever.* By C. M. Miller, M. D., &c., Stoke Newington.

My attention of late has been drawn to the subject of puerperal peritonitis, commonly called puerperal fever, from having heard of several fatal cases; and I hope I shall not be thought obtrusive by giving an outline of the plan of treatment which I have very successfully adopted in several cases that have come under my immediate notice. Before however, proceeding to the therapeutics of the disease, it may be as well to state what I consider its symptoms, that I may not be misunderstood as to what I have thus treated.

I look upon puerperal peritonitis as that disease which is ushered in from the second to the fourth day of confinement, by shivering, accompanied by acute pain, radiating from the region of the uterus, increased on pressure, and gradually extending all over the abdomen, with suppression of lochiæ and milk, much accelerated pulse, furred tongue, great heat of skin, and that peculiar pain in the sinciput, which is so well described by my late lamented preceptor, Dr. D. D. Davis—short breathing, knees drawn up, and great anxiety of countenance. If the lochiæ be not entirely suppressed, they become exceedingly fœtid. When, after a slight shivering, I do not find any hardness of the breasts, my attention is immediately directed to the uterus, this shivering being generally the first symptom which presents itself.

When these symptoms are present there is no time to be lost, and I believe, that by active treatment in the first instance many valuable lives may be saved. I immediately order eight or a dozen leeches to be scattered over the abdomen, and to be followed by a linseed or bran poultice; the vagina to be washed out with tepid water, and if the lochiæ be fœtid, an injection of chloride of soda used; large doses of calomel and opium to be given every three hours, and beef-tea administered at intervals; the calomel to be pushed to approaching ptyalism; when this commences, the calomel to be remitted. Should the pain not yield quickly under these means, I either apply more leeches, or if the strength will not allow of them, make use of the turpentine poultice; the effect of this last, is, in many cases, almost magical.

There is nothing novel in this plan of treatment, but I may state, from the experience of the last eight years, during which time I have had several cases of this nature, that while energetically following out this plan, I have lost but one case, and that in a person who had suffered from disease of the brain for some years previously. It is highly important that the patient should have a nurse that will carry out the plan to the very letter, and where practicable, the medical attendant should see it done in person, and he will be amply repaid for his extra attention by the saving of his credit, all of us knowing too well what the public opinion is respecting a person lost in childbed. Where the calomel, (which is unfortunately sometimes the case,) in spite of its combination with the opium, runs off by the bowels, an enema, of two ounces of starch, with half a drachm to a drachm of tincture of opium, will generally stop the annoyance.—*Lancet.*

9.—Obstetrics, *&c.*—*Sore Nipples and their Treatment.* By Drs. McClintock and Hardy.

"Sore nipples may not only incapacitate a woman from nursing,—a deprivation in itself often sufficiently grievous,—but they may, as we have before observed, give rise to mammary abscess, from an extension of the inflammation backwards, along the ducts, to the substance of the gland. This, in point of fact, is the great danger to be apprehended, and every other consideration should give way to it.

"When there is reason to dread such a result, the child is entirely withheld from the affected breast, which is kept soft by rubbing, and if the nipple itself appear to be the seat of any inflamn.ation, a bread and water poultice is applied to it.

"Of the various topical applications for sore nipples employed in this hospital, it may be well to mention two or three whose value has been established by long experience.

"Amongst these the tincture of catechu holds a high place, and has been found a very excellent astringent; like the other remedies of this class, it is best adapted for the simple excoriated or abraded nipple.—Nearly similar to it is the solution of pure tannin, so highly recommended by Mr. Druitt. It is made by dissolving five grains in an ounce of distilled water. We have not observed it to possess any superiority over the catechu, except in being more cleanly. The following is a favorite lotion with Dr. Johnson, who has been in the habit of using it for many years:—R. Sub-borat. sodæ, drs. ii; Cretæ precipitat. oz. i; Spiritus vini, Aquæ rosæ, aa oz. iii. M. fiat lotio.

"This may be applied alternately with the following ointment, or the latter may be used alone:—R. Ceræ albæ drs. ivss; Ol. amygdal. dulc. oz. i; Mellis despumat. oz. ss; Dissolve ope caloris, dein adde gradatim, Bals. Peruviani oz. iiss. M. fiat unguentum.

"In some cases we have seen benefit result from the use of tincture of galls and compound tincture of benzoin (Friar's balsam) in equal proportions.

"It is always well to have in mind a number of these different preparations, for it not unfrequently happens that one will answer our purpose when others have failed. For fissured nipples some authors strongly advise the application of solid nitrate of silver; but our experience does not permit us to speak of it. Dr. Johnson thinks it is sometimes a good remedy in such cases, at a remote period of delivery; but that during the puerperal state its use is not advantageous, as it is apt to be followed by mammary abscess."—*Lond. Med. Gaz.*

"M. Jose Leon advises all pregnant women who have reason to fear chapped nipples, to use during the month preceding delivery, once a day, the following liniment, the breasts being previously washed with tepid water:—R. Tannate of lead, grmmes iv; Simple cerate, grammes xxx.; Oil of roses, drops ij. The bosom should be immediately covered with a compress of soft linen."—*Gazette des Hopitaux.*

PART FOURTH.

BIBLIOGRAPHICAL NOTICES AND REVIEWS.

1.—A Practical Treatise on the Domestic Management and most important Diseases of Advanced Life, with an appendix containing a series of cases illustrative of a new and successful mode of treating Lumbago and other forms of Chronic Rheumatism, Sciatica and other Neuralgic affections, and certain forms of Paralysis. By George E. Day, M. D., Fellow of the Royal College of Physicians, and Physician to the Western General Dispensary. pp. 226. Philadelphia, Lea and Blanchard.

While we have numerous treatises devoted to the management and diseases of children, the period of second childhood, scarcely if at all less

peculiar, has been strangely neglected. We think that Dr. Day has done a real service to the profession. He has executed his task in a very satisfactory manner, and his volume will or should find a place in every library.

The volume commences with a consideration of some of the important changes that occur in the system in advanced life.

"The years of declining life are naturally divisible into the following epochs:

1. Declining age, extending in women to about the fifty-second year, and in men to about the sixtieth.
2. Advanced age, or incipient old age, extending in women from fifty three to about sixty-five, and in men from sixty to seventy.
3. Mature or ripe old age, dating from the preceding period, and extending to about seventy-five in the female, and eighty in the male.
4. Decrepitude, or second infancy, constituting, in those whose span of existence is so far prolonged, the last epoch of human life."

The anatomical and physiological changes in the 1, Respiratory Organs; 2, The Nervous System; 3, The Digestive organs, and 4, The organs of circulation, are then described.

The lungs become changed in a marked degree in advanced age.—Their size and functions are diminished, while the air cells are increased in size. The law announced by Magendie "that the density of the lungs diminishes, as also does the quantity of blood they admit, with the progress of age," is verified. These changes are of great importance in a diagnostic as well as therapeutic, point of view. Another change, which our author omits to mention, has seemed to us to modify the percussion sound, especially. We allude to the very constant occurrence of firm ossification of the cartilages. The size of the chest is diminished, especially in its lateral diameters, and it is so firmly ossified, that it becomes, as it were, a firm unyielding, resounding box. The lungs do not always seem to fill fully, the cavities; hence evidences of gas or fluid in the pleuræ are often found. The chests of old persons are usually more resounding than in earlier life.

The brain "diminishes in size, weight and specific gravity. The same is also the case with the spinal cord, the nerves, and the ganglia of the sympathetic system." Various other changes in the brain and its membranes and cavities are observable. The senses, even without apparent organic changes in their organs, become blunted, and are less easily excited by their appropriate stimuli. In connection with the nervous system, our author refers to a very important point, both in the pathology and treatment of the diseases of the aged, viz., *the insulation of the different organs.* That active and ever vigilant sympathy which unites the different organs so closely in earlier life, is much diminished, sometimes almost gone. Organic diseases of vital organs, as of the brain or lungs, may exist, and be regularly progressing to a fatal issue, and yet the general system is not alarmed or shocked. Cerebral ramollisement may

first show itself by a sudden attack like apoplexy, and extensive disease or even disorganization of the lungs may exist for a long time, and prove suddenly fatal without being suspected. These facts, of course increase the difficulties of diagnosis in a very marked degree.

The digestive organs are all affected by advanced age. The stomach and intestines are diminished in size, the mucous membrane is thickened, and the villi and mucous follicles are generally shrunken. The muscular coat is very constantly atrophied, sometimes not a trace of it is perceptible. These changes, with the imperfect mastication from the loss of teeth, will account for that imperfection and torpor of digestion so frequently observed.

The changes occurring in the organs of circulation are well marked. "The size of the heart, and the thickness of its walls usually diminish with advancing years," says Dr. Day. This statement is in direct contradiction to the assertions of Bizot, Hope, Clendinning and others, that the heart gradually *increases* in size with old age. Whether more extended observations will prove the former correct, remains to be seen.—This is an important point, as many cases have been mistaken for hypertrophy of the heart, post mortem, which were probably only the natural physiological enlargements referred to. The lining membrane presents spots of atheromatous deposit, the free margins of the valves become thickened and hardened, and there is a tendency to calcareous and fatty deposition throughout the arterial system, which renders the tubes more rigid, and predispose them to rupture and aneurism. The walls of the capillaries are thickened, which, besides accounting for the shrunken appearance of the skin as well as the lungs and other organs, opposes a barrier to the free passage of arterial blood, and hence venous enlargements, accumulations and effusions, ensue.

"From the ordinary state of the arterial system in old age, we must recollect the uncertainty of the indications afforded by the pulse at the wrist. ***The pulse should be counted at the heart.***

Furthermore we must know the average number of pulsations in old age. Physiologists seem to have considered it as an established fact that the frequency of the heart's action diminishes in advanced life. This is a great and dangerous error; I find from the data afforded by 562 healthy women, whose mean age is 73 years, that the average number of pulsations is a fraction above 79 in a minute; and that the average pulse of 197 healthy men of the mean age of 68 years, is 72.5. Although the pulse is thus as a general rule above instead of below the pulse in adult life, we not unfrequently meet with cases of very slow pulse in old age. These are, however, exceptional cases."

We have dwelt upon these changes consequent upon old age, somewhat at length, because they lie at the foundation of all that is peculiar in the diseases or treatment of that period of life. They should be constantly borne in mind by the practitioner. Many grievous mistakes are committed through a forgetfulness of them which should be avoided.

Most of the anatomical and functional changes referred to more or less, are not inconsistent with the enjoyment of a good degree of health, but they at the same time, suggest a modification of the ordinary habits of life. Our author, therefore, very properly devotes a chapter to the "*hygiene* of declining life." "The rules for the attainment of a good old age, are all comprised in a single sentence. *Carefully avoid all such influences as tend to shorten the span of life.*" Regular habits of life, in eating, drinking, defecation, &c., are essential to the well-being of old people. It will not do, oftentimes, to abandon an essentially vicious habit, if it has been long persisted in, for that facility of adaptation to a change of circumstances so marked in earlier years, is gone. The food should be nutritious, digestible, and especially well cooked. Soups, boiled or roast meats, fowls or game, avoiding the oily kinds, fish, with the same restriction, turtle, oysters, eggs, milk, stale bread, rice, sago tapioca, &c., with tea and coffee in moderation, make a very comfortable bill of fare from which to select. Animal food should never be *fried* for the aged. Fruit may be indulged in moderately, but it generally agrees better when cooked. Pale ale, beer or wine at dinner need not be forbidden, if their use has become habitual. After giving somewhat particular directions as to the articles of diet, times for eating, &c., the following is added.

"Adhere regularly to the same hours. Never eat to repletion. Masticate thoroughly, and eat slowly. Strive against the tendency to fall asleep in your chair after dinner, unless you specially desire to induce an attack of apoplexy."

Increasing age brings with it increasing susceptibility to atmospheric vicissitudes and influences.

"In youth, and in adult life, the free respiration and circulation, the continuous change in all the tissues and organs of the body, high nervous energy, and abundant muscular motion afford a never-failing supply of heat; but in old age the case is different; the lungs are diminished in volume and in elastic power, the blood-vessels are modified in number and character, and the force of the heart is diminished; the change of tissue is mere waste without a corresponding reparation; the nervous energy is deadened; and muscular motion much lessened. Hence it is that the feet and hands are almost always cold even in healthy old persons, and that they can no longer resist atmospheric influences as they could previously do. It becomes necessary, therefore, that their clothing should be warmer than that of younger persons."*

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*The servant of the Prince de Beaufremont, who came from Mount Jura to Paris at the age of 121, to pay his respects to the first National Assembly of France, shivered with cold in the middle of the dog days, when he was not near a good fire. The National Assembly directed him to sit with his hat on, in order to defend his head from the cold.

Dr. Rush mentions that Dr. Chovet, of Philadelphia, "who lived to be eighty-five slept in a baize night-gown, under eight blankets, and a coverlet, in a stove room, many years before he died." It is, doubtless, from the neglect of providing very aged persons with sufficiently warm bedclothes, that they are so often found dead in their beds in the morning, after a cold night.

The number of deaths of aged persons is much greater during the cold than the warm months. Statistics abundantly prove this statement.—Purgatives should be avoided as far as possible. The tendency to constipation should be corrected, if possible, by exercise, diet, as roasted apples or prunes, and kneading or frictions.

The medical treatment of advanced life will be much influenced by the foregoing considerations. Many affections, which, in their symptoms are similar to corresponding ones in earlier life, are dependent upon the deficient or imperfect play of worn-out or organically changed organs. A radical cure is often not to be looked for, and if bold and active treatment is resorted to, the waning nervous excitability may be still further diminished, and the fatal event hastened. Acute diseases are far less frequent in the aged than in the young, and when they do occur, even of an active inflammatory character, from the deadened sensibility of the nervous system, there may be little or no reaction. Bloodletting and active remedies generally, though they are sometimes imperatively demanded, are, as a general rule, not well borne by the aged.—The neutral salts, mercury, the salts of lead, iron, antimony, zinc, iodine and iodide of potassium, and the narcotics should be used with caution. "Chloroform, when freely diluted with atmospheric air, may often be administered with advantage in painful affections of the nervous system." We may observe here, that our author frequently speaks of the administration of this agent with a freedom and confidence which we, at least, do not feel. In old age especially, we should suppose that extreme caution should be observed in its use.

"Sulphur, the vegetable tonics, bitters and astringents, and the gum-resins and balsams, are amongst the most important articles of the materia medica in advanced life. Stimulants, as the preparations of ether and the etherial oils, the ammonia salts, phosphorus and camphor, are now of more value in the treatment of disease, than during the earlier periods of life."

Surgical operations are badly borne; and long standing diseases, as ulcers, or discharges, should be healed or checked with extreme caution, if at all.

The remainder of the book is devoted to the consideration of particular diseases, so far as they are modified in their pathology or treatment by old age. We can do little more than give the names of the diseases described, hoping that our readers will not be satisfied until they have perused the whole work. The diseases are considered under the same general heads as the anatomical changes.

Diseases of the Respiratory organs, including Pneumonia, Bronchitis, Chronic Bronchorrhœa, Asthma, Hydrothorax and Pulmonary Œdema, Pulmonary Consumption and Hæmoptysis, and Influenza.

Diseases of the Nervous System, including Apoplexy and Paralysis, Meningeal Apoplexy, Cerebral Softening, Meningitis, Mental Diseases, and painful affections of the nerves.

Diseases of the Digestive Tube and its appendages, including Functional diseases of the intestinal canal. Diseases of the Stomach, of the Rectum and Anus, and of the Liver.

Diseases of the Heart.

Diseases of the Urinary and Generative Systems.

Diseases of the Skin–Ulcers–Senile Gangrene, Gout and Rheumatism.

The new treatment of Lumbago and other forms of Rheumatism, to which the author devotes his appendix, and which he designates as the *Thermal treatment*, consists simply in a new mode of counter-irritation. "It consists essentially in the instantaneous application of a flat iron button, gently heated in a spirit lamp, to the skin." The practice was first introduced by Sir Anthony Carlisle, and afterwards recommended by M. Mayor and Dr. Corrigan. The instrument and mode of application are thus described:

"The instrument that I employ is shorter and more portable than that recommended by Corrigan. The button, which is about half an inch in diameter, and a quarter of an inch in thickness, is connected by an iron shank, with a small wooden handle. The whole instrument resembles a very small hammer. The shank is curved nearly at a right angle, at about half an inch from the upper surface of the button. On heating the button, which is effected in about a quarter of a minute by the flame of a spirit-lamp, I place the end of the fore-finger on the curve; when the heat becomes uncomfortable to the finger, the instrument is ready for use. Dr. Corrigan's mode of applying it is to touch the surface of the part affected at intervals of half an inch, as lightly and rapidly as possible. I have usually found more service from very lightly drawing the flat surface of the heated button over the affected part, so as to act on a greater extent of surface. The cuticle is never raised, and the only visible effect is a slight degree of local redness, either in lines, according to my plan; or in circular patches if Corrigan's directions are followed."

Ten cases are given in illustration of the good effects of the *Thermal treatment*. It is proper to observe that exclusive reliance was, by no means placed in this means, but that the general condition was carefully inquired into and prescribed for.

For sale at Whiting and Huntington's.

2.—An Introduction to Practical Chemistry, including Analysis. By John E. Bowman, Demonstrator of Chemistry in King's College, London. pp. 303. Phila., Lea and Blanchard; 1849.

This work will be found extremely valuable to the student of Practical Chemistry. It is not a treatise on the science, and does not, therefore, supply the place of other works. Its design is, to give plain and expli-

cit directions for the performance of experiments, with drawings of simple and easily obtained apparatus, so as to enable the student to manipulate by himself, if necessary, and thus to acquire that skill and confidence in himself, which practice alone can give. The directions for Analysis, with the descriptions of the different tests and reagents, are more full and satisfactory than in most works on Chemistry. The appendix contains a number of valuable tables, compiled with great care, many of which will be found very convenient by the physician.

For sale at Whiting and Huntington's.

3.—Clinical Midwifery, comprising the histories of five hundred and forty-five cases of Difficult, Preternatural and complicated Labor.—With commentaries. By Robert Lee, M. D., F. R. S. Fellow of the Royal College of Physicians, London; Physician to the British Lying-in Hospital, and St. Marylebone Infirmary; Lecturer on Midwifery at St. George's Hospital. First American from the second London Edition. pp. 238. Philadelphia, Lea and Blanchard.

No physician, in ordinary private practice, will meet, in a life-time, with very many cases of difficult, preternatural or complicated labor; and yet every physician, however limited his practice or experience, is liable at any moment to be called to officiate, it may be, in the most rare and horrible cases that ever occur. While the vast majority of his midwifery patients will give him no trouble, it is his duty to be prepared for any emergency. No cases in professional life are more appalling, or require greater coolness, self-command and promptitude, than many that may be sprung upon us unawares in our daily rounds. The life of *two* human beings not unfrequently hangs upon the decision and action of the moment. The right thing must be done in the right way, or all is lost. We know of no circumstances that so strongly force upon the mind of the physician the fearful responsibility of human life he assumes, as those in which he may at any moment be placed as an obstetrician. He knows he *must* act, and how worse than culpable he is, if he knows not *how* to act.

The cases included in the Reports of Prof. Lee were observed during a period of twenty years, by one eminently qualified to profit by them to the utmost. The number of cases is large, and conclusions may be drawn from them which may correct many of the *impressions* of more limited practitioners.

The work is divided into eight sections, called Reports. Report first comprises "Observations on the present state of operative midwifery, and the History of eighty cases of difficult parturition in which the Forceps were employed."

In no particular is the difference between English, and we may add, American obstetricians and those of continental Europe shown so strikingly, as in the different estimate they place upon the use of the forceps. The former hold as an axiom the saying of Blundell, "a meddlesome midwifery is bad," and only resort to instrumental interference after nature has exhausted her powers, or some accident has occurred. The latter seem, many of them at least, to resort to the forceps whenever the labor is much protracted or difficult. They differ equally too, in their directions as to its use; the former seldom applying it unless the labor is so far advanced that the hollow of the sacrum is occupied by some aspect of the head of the fœtus, and an *ear* can be felt with the finger;—the latter frequently using it before the head has engaged in the superior strait at all. Craniotomy is much more frequently performed in England and America than on the continent. The induction of premature labor, so often induced with great advantage and comparative safety, is positively interdicted by many European writers of distinction, and seldom resorted to in European practice; we mean, of course, out of Great Britain.

We have condensed a table of the frequency of forceps and craniotomy cases in ten Lying-in Hospitals, with the following result.

	No. Cases.	Forceps	Proportion.	Craniotomy.	Proportion.
Dublin,	27,853	41	1 in 679	167	1 in 167
Paris,	60,148	202	1 in 297	34	1 in 1769
Germany.	17,053	642	1 in 27	30	1 in 568

Dr. Lee remarks that, "from these conflicting statements, it is clear that the first principles of Operative Midwifery have not yet been established, and that there is no other branch of surgery, at the present time, in such a rude condition."

Concise, but very interesting clinical histories are given of every case, not only where the forceps was used, but of the whole number reported. Report second is upon Craniotomy, with the circumstances that led to its performance. Report third treats of the induction of Premature Labor. Report fourth comprises the histories of one hundred and one cases of Preternatural Labors. Report fifth, sixty-three cases of Placental Presentation. Report sixth, forty-four cases of Uterine Hemorrhage.—Report seventh, thirty-five cases of Retention of the Placenta, and Report eighth, the histories of forty-eight cases of Puerperal Convulsions.

The careful study of these cases cannot fail to be of great service, especially to the student and younger practitioner. We therefore, most earnestly commend the work to the attention of our readers. It is for sale at WHITING and HUNTINGTON'S.

4.—Manual of Physiology. By William Senhouse Kirkes, M. D., assisted by James Paget, Lecturer on General Anatomy and Physiology at St. Bartholomew's Hospital. With one hundred and eighteen illustrations on Wood. pp. 552. Phila., Lea and Blanchard; 1849.

The authors of the above work are already favorably known to the scientific world by their physiological researches. Whether they were impelled to prepare the book before us by a supposed necessity for it on the part of students, we do not know. It is less full and complete than Carpenter and others, which may, to be sure, in some cases, be an advantage. Although it seems to be well got up, and on the whole a valuable book, we have been unable to discover any thing in its style, arrangement or completeness, to justify us in recommending it to our readers, to the exclusion of the ordinary standard works on the same subject. It will undoubtedly be found more valuable to students, who attend the author's lectures, or lectures in London, than to others.

For sale by Whiting and Huntington.

5.—Lectures.—Our space will not allow us to say all we would be glad to say of some of the Lectures we receive through the politeness of their authors. Their number forbids it, and besides, numbers of them are upon the same general subject. We are always happy to receive them, and will give them what notice we can.

Valedictory Address to the Medical Class of Transylvania University.—By E. L. Dudley, M. D., Prof. of Gen. and Pathological Anatomy and Physiology. Published by the Class.

This is a very readable and well written production. The pleasures to be derived from a conscientious and intelligent performance of professional duty, and a vindication of the claims of our profession to the veneration and respect of mankind, form the main topics of discourse.—It is written in a pleasant style, and abounds in apt quotations and striking illustrations.

Address to the Graduating Class of Rush Medical College, session of 1848-9. By Daniel Brainard, M. D., President of the College.

Prof. Brainard, as every one must, almost from necessity, under similar circumstances, dwells upon the great profession which had just received within its pale those to whom his discourse was particularly addressed. In reference to it, he asks this great and important practical question;—"what has it done for the good of humanity?" He then proceeds, in a very clear and satisfactory manner, to answer this question, though not so fully and entirely as he might have done in a greater space. The ordinary quantum of good advice is, of course, not omitted. An ode written for the occasion, accompanies the address. Its author is Henry A. Clark, Esq.

6.—The Plea of Humanity in Behalf of Medical Education. The Annual Address delivered before the New York State Medical Society, and Members of the Legislature, at the Capitol, Feb. 6, 1849. By Alexander H. Stevens, M. D. President of the Society, of the American Medical Association, and of the College of Physicians and Surgeons of New York, Member of the Philosophical Society of Philadelphia, &c. Published by the Society.

The impression which the above address made upon the legislators who heard it, is best shown by the following vote.

"In Senate, *February 12th*, 1849.

Resolved, That the Clerk of the Senate be authorized to purchase and furnish, for the use of the Senate, five hundred copies of the Annual Address, delivered before the New York State Medical Society and Members of the Legislature, at the Capitol, February 6, 1849, by Alexander H. Stevens, M. D., President of the Society. By order.

A. M. CALHOUN, *Clerk*."

We sincerely wish that all our readers could become possessed of this most admirable discourse. The age of the writer, the high position he occupies, not only in his professsion, but also in social life, his intimate knowledge of the progress of medical science, and of the personal histories of many eminent men who have been its patrons or promoters, all incline us to receive whatever may fall from his lips or flow from his pen, with a peculiar respect akin to reverence. After referring in glowing terms of eulogy to several of the most prominent political men, who were active upon the stage of life about the commencement of the present century, as Van Ness, Clinton, the elder Spencer, and Chancellor Kent, he observes;—"these great Statesmen fostered medical education. The design of the present discourse is to vindicate their policy.

"The medical profession," says he, "is less known, its anxieties, its labors, and the inconsiderable amount of its pecuniary rewards are less understood, than those of the other professions. Our avocations are chiefly amid scenes of sickness and misery, from which we rarely emerge to mingle with the masses of our fellow citizens, unless to unite with them for objects of general education and philanhtropy."

The following is so just and true, and withal, so forcibly expressed, that we are sure we shall be thanked for giving it.

"The science of medicine and the art of healing, are the accumulated experience and the wisdom of ages, beginning with epochs coeval with the latter historical times of the Old Testament. We claim to be the exclusive depositories of sound medical learning, because we alone seek it at the only true and legitimate sources. Every thing connected with the cure of disease has been laboriously examined. The smallest vessel, nerve, and fibre, has been minutely described, and changes, induced by disease, have been investigated by the aid of chemistry and of the microscope. In no other science has description advanced so far. All these facts are made available to the student by careful arrangement. The experience of any single individual, in comparison with the knowledge to be derived from a study of the experience of others, is exceedingly small, and can never render a person competent to practice medicine.—

The experience of a long life would not equal the amount of useful knowledge that might be imparted, by a competent instructor, in a single year. The self-taught physicians are scarcely taught at all; and would be still more ignorant if they did not obtain information in casual intercourse with men of superior education and attainments. No one can be qualified to take care of the sick, who does not add to his reading and oral instruction, a practical knowledge of the structure of the human body and bedside teaching. Experience alone is not sufficient; reading and oral instruction alone, are not sufficient. An uneducated sailor may pass his life at sea; yet it is well known he never learns to navigate a vessel. On the other hand, a young man fresh from his studies, however well educated in the theory of navigation, is not competent to take charge of a ship until he has added experience to learning I would speak with no unkind feeling (for I entertain none) against ignorant and deluded men, who, without previous education, conceive themselves to be fitted, by their own natural talents and personal experience, to assume the responsibility of the health and lives of others; yet I cannot regard their acts as anything else than a reckless sacrifice of human life. Of that class who pretend to have received new light from other sources than observation, experience and the study of anatomy; or to possess specifics of marvellous power, no terms would be too harsh to characterize their base traffic in human life. The remedy for these evils, however, is not vituperation, but an enlightenment of public opinion. Without meaning at all to undertake this task, I cannot forbear to advert to one very prevalent error in regard to this matter. It is often assumed that the parties, interested in the discussion which the subject provokes, are the medical profession on the one hand, and the empirics on the other; and that it is a conflict of interests between them, in which the public have little concern. Such notions are not confined to the ignorant and vulgar; but are entertained by men of the learned professions and even by legislators. Medical brothers you well know—fellow citizens you ought to know better! The real parties are the public, and the regular physicians on the one side, and the charlatans and their abettors on the other."

In speaking of what society owes to the profession, and of the institutions and charities of which they have been the founders, the author refers to the illustrious Pinel.

"It was my happiness to know, as an humble student might be supposed to know, and to visit, an illustrious professor, the great Pinel; he who first freed the insane from their manacles. Long afterwards, Esquirol, his successor, pointed out to me the very hall where Pinel, having first ordered the keepers to unbind the infuriated demoniacs, boldly went in among them, and said in effect, "Peace, be still," and they obeyed the voice of kindness and intrepidity. Thus began a new era in the treatment of the insane.

It was this same Pinel, who, when the people of Paris were worshipping the Goddess of Reason, was accosted by a celebrated literary man, who said to him, "I am writing an Encyclopædia of Atheists, and intend to give you a place that shall be worthy of you." "I thank you," replied Pinel, "for the honor you design for me, and in return, let me say that in the second edition of my work on lunatics and idiots, which will soon be published, I shall not fail to insert your case."

The present education of many of our medical students is defective,

and Prof. Stevens, to raise the standard of qualification, proposes a remedy which may, very probably, soon be adopted in New York, because her admirable and efficient school system will soon make her the most intelligent State in the Union, but which the forces of quackery would stave off for a long time in our great Ohio.

"The remedy I would propose for the evils I have been depicting, has for its object to bring a good medical education within the reach of a large number of students; to open the doors of our medical schools without charge, to all that have received the necessary preliminary education, to insist upon a longer period of study, and to make the examinations more strict.

I would have a distinct professor of agriculture attached to each medical school. The professors should be paid by salaries, leaving it to your wisdom to take any additional means best calculated to foster that great interest.

If New York opens her medical schools, the other states will follow her example; thus gentlemen, you will legislate in this great matter for the whole union,—for the whole continent."

We have given some little idea of a few points in this address. Its influence will be widely felt, and it will accomplish much good.

7.—Anniversary Discourse before the New York Academy of Medicine. Delivered in the Church of the Crucifixion, Nov. 8, 1848. By James R. Manley, M. D. Published by order of the Academy.

This discourse was delivered on the occasion of the Anniversary of the Academy of Medicine of New York City. We have read it with care, for we expected a treat, and we have only to say that, on the whole, we have been disappointed. The writer is a very aged man, and this fact will secure his production from that severity of criticism which it might otherwise encounter. It will probably please the carping, fault-finding reformers, who imagine that the whole machinery of medical education is wrongly made and wrongly put together, and that nobody but themselves can "put things to rights," but we are much mistaken if its general tone and temper meet the full approbation of intelligent, thinking, practical men among us.

8.—The following Pamphlets have been received, for which the Author will accept our thanks.

1.—Criticisms and Controversies relating to the Nervous and Muscular Systems.

2.—Experimental Researches on the Post Mortem Contractility of the Muscles, with observations on the Reflex Theory.

3.—Researches, critical and experimental, on the Capillary circulation.
4.—Researches on Meteorology.
5.—Contributions to the Natural History of the Alligator, with a microscopic addendum.
6.—Question of Originality settled. By BENNET DOWLER, M. D., of New Orleans.

These pamphlets are all republications from the New Orleans Medical and Surgical Journal, and the New York Journal of Medicine. Some of them we had seen before, and perused with much interest. The writer is one of those independent spirits who will think for himself, and will say what he thinks. It does not seem to disturb him much to be engaged in controversy, and he knocks and slashes about him, with the air of one who knows he is right and means to maintain it. He is, withal, we should judge, an indefatigable student, and many of his experiments and researches are extremely curious and interesting. With his ardent temperament, and considering the variety of subjects which engage his attention, it would be strange indeed, if he made no mistakes, or was always entirely consistent with himself. For instance, after what he has said in reference to vivisections, and experiments upon animals in general, and *frogs* in particular, we were rather surprised to find him comparing inflammation in the ***Alligator***, to certain forms of inflammation in the *human subject*. But these are small matters. There is much in these pamphlets to excite thought and reflection. They are written with much ability, and we are glad that their circulation is extended by their republication. We have not the space now to give to each a separate consideration, and must content ourselves with this general notice.

9.—ADDRESS ON THE PROGRESS AND DIGNITY OF THE MEDICAL PROFESSION; delivered before the Trustees, Faculty, Students and Friends of the Starling Medical College, at its Annual Commencement, February 17, 1849. By B. T. CUSHING, ESQ. Published by request of the Trustees and Faculty.

The most enlightened members of the three learned professions generally do justice to each other. They know from their own experience that none can so well understand the nature and difficulties of each profession, as he who makes it a special study. We find few extempore doctors of physic among those learned in law or theology, and few lawyers and clergymen among the active practitioners of the healing art. There is enough in each to demand the utmost exercise of the highest powers, and he who does his duty to his own, has little time to become master of another; still, every man who lays claims to general intelligence, ought to inform himself as to the leading ideas and principles up-

on which all the professions are based. This is especially necessary in relation to medicine, because there is so much of unjust prejudice and ignorant clamor in the community, against it.

We have seldom listened to or read, a more just, liberal and truthful review of the actual condition of our profession, by one who was not of us, than in the address before us. It was listened to by a large and highly gratified audience, and the impression it produced will not soon be effaced. To the attractions of a vivid and flowing style, were added the graces of a fine delivery, and the call for its publication is less a compliment to the accomplished author than to the good taste of those who listened.

"This is emphatically," says our author, "an Age of Progress—an age eventful in great discoveries and rapid advancement. It is not an age of splendid achievement and remarkable genius. * * *

Other eras have been fruitful in abstract speculation, elegant literature and heroic battles. Ours is marked by the rapid spread of thought, and the development of the individual man. At no period have the masses been so intelligent as now. Old governments and dead ideas are crumbling—the political and social heavens are "rolled together as a scroll," and from them we behold arise "a new heaven and a new earth," whereon is written LIBERTY. In physical comfort, too, there is a great advance. Perhaps in no century has the world been so well fed, clothed and lodged, as in this—in none perhaps have the rewards of labor been more abundant and certain.

But whilst we hear self gratulatory peals rising from all Christendom, as each new fact in science or art darts up like a rocket into the blue heaven, and sets men's minds confounded with wonder, there seems to be a vague complaint among the mass that Medicine has not kept pace with the general progress. We propose to enquire if this charge be just, and know no fairer mode of testing the truth, than by comparing Medicine with other arts and sciences, held in high estimation among us."

After reviewing briefly the two professions of Law and Theology, and showing that but comparatively little substantial progress has been made in either for centuries, he makes the following declaration in reference to Medicine, in the strict truth of which, we fully believe.

"Of all the professions, of all the arts and sciences, none have made, during the last two hundred years, more rapid and substantial progress. There is no science to which so many new facts have been added, none in which a more practical application has been made of the teachings of nature. Chemistry and botany are her handmaids in the great work. In Anatomy, Physiology, Pharmacy and Therapeutics, rigid analysis and sound deduction have taken the place of vague conjecture and bold pretension; and loose theories and superstitious nostrums have given way to powerful simples, and a scientific adjustment of means to ends."

A rapid glance is then taken of the present state of the different branches of Medicine and Surgery, as contrasted with their former condition, and the assertion just quoted is fully proved. The writer has a very just view of the capabilities of our art. "Would you make her a

God, and place in her hands the Amreta cup of immortality! In her most perfect state she cannot present an invulnerable shield before the destroying angel—for "there is a time appointed unto all men to die."—The difference between ancient and modern physicians is clearly seen in the different modes pursued in the investigation and treatment of disease. The history of the Black Death in the middle of the fourteenth century is a good illustration of the former, and the Cholera, in our own days, of the latter.

The different theories and systems so fashionable at the present day, are well hit off in the following extract.

"It is a little marvellous how multitudes are captivated by the theory uppermost for the time being. They cannot comprehend a broad science working by established laws, and their imaginations are easily inflamed by nostrums, panaceas and magic cures. One year we have Perkins' tractors—another, galvanic wires and homœopathy, hydropathy and Brandreth's pills follow each other in rapid succession. The infinity of reputed cures, few of which can be closely scrutinized, makes the populace gape in open-eyed wonder. It seems to them as if the philosopher's stone had been discovered, and the age of miracles renewed. And they so love simplicity! "Each new truth is a unit," cry they,—*therefore*, "all Medical truth may be reduced to a proposition!" "How captivating," says one, "is the simplicity of Quacks! A gardener has turned physician—he has made the discovery that all diseases proceed from butter cups. This is his theory. Every man, woman and child eats mutton, beef or butter, or drinks milk—all mutton, beef, butter and milk is produced from oxen, cows, or sheep—every ox, cow and sheep eats butter-cups with its grass; butter-cups are rank and acrid weeds—*ergo* all diseases proceed from butter-cups!" Nay, he proceeds a step farther—he has found a cure for all diseases. "Nature" says he, "must place the remedy near the poison, else her economy is at fault.—I have observed butter-cups grow near daisies. I have also noted that where oxen, cows and sheep, have eaten daisies, not more than one in twenty die of disease during that season. *Ergo*, my Medicated Extract of Daisies, is a cure for all diseases!" And thus our theorists work—each on his own peculiar plan; the Hygeist purges—the Thomsonian steams—the Hydropathist washes, with indefatigable industry. Sometimes they cure, and then what a blast fame blows from her trumpet! Sometimes they kill, and then the patient's constitution is, forsooth, declared to have been first ruined by the regular practitioners!—Who does not admire the ingenuity that discovered the wonders of red pepper and lobelia? who is not fascinated with the expansive genius of Hahnemann, the author of the paradoxical maxim, "*similia similibus medentur?*" who does not believe that what will give him a headache, will, if administered in infinitesimal portions, cure it; and that the only way to heal the bite of a large mad dog, is to be bitten by a small one.

It is alike the duty and desire of the Medical profession of the day to avoid these captivating theories, and make recorded experience their sole guides in the cure of diseases; and we regard this as an infinite step in progress. History has taught them that all other lights are false and dangerous. Bacon assured them that such speculations might be fertile of *leaves*, but far different means were required to produce *fruit*. He demanded that all the physical sciences—Medicine included—should be based on the observation of facts carefully discriminated and balanced. Wherever a sufficient number of facts concur, the law is established."

The author concludes his lecture by an admirable and stirring appeal to physicians, and the graduating class. In the course of his remarks he refers to a very important, and too much neglected element in the character of the accomplished physician, viz., his personal manners.

"Another matter which should not be overlooked, is the CULTIVATION of the professional man. He should not be satisfied with learning and skill, if he accompanies it, as has sometimes been the case with eminent practitioners, by coarseness and brutality. The physician is, or ought to be, the most intimate friend of the family he visits—and how important it is to them that his manners should be courteous and his heart sympathetic. A dear member of the family circle lies upon the bed, perhaps of death. They

> "———Watch her breathing through the night,
> Her breathing soft and low,
> As in her breast the wave of life
> Keeps heaving to and fro:"

What a ministering angel does the kind physician seem! How they hang upon his every word and action! What blessings overflow their lips if he can heal the sufferer; but if this cannot be, how delightful if as a christian he can breathe the last consolation into the ears of the dying, as a man of sympathetic heart, alleviate the woe of the living, and by the exercise of a practical common sense, advise in emergencies which so often succeed the departure of a head of the family."

PART FIFTH.

EDITOR'S TABLE AND MISCELLANY.

COLUMBUS, MAY 1, 1849.

CHOLERA.—We hardly know what to say to our readers in reference to this dire disease. So much has already been said and written, so many hypotheses have been broached, and so many plans of treatment recommended, that the young practitioner, especially, will stand in danger of becoming confounded by the multitude of counsel. We still hope that its visitation to Ohio may be light, and that it will not extend beyond its present locality at Cincinnati, but we hope against probability. The disease, at this present writing (April 25,) exists in Cincinnati, and prevails to a considerable extent. Until within the last two or three weeks,

it has been confined, almost exclusively, to those coming up the river in boats, but now cases are not uncommon, originating in the city. Last week there were nearly thirty cases, ascertained by a medical friend of ours, in private practice, and, we believe, nineteen deaths. At New Orleans, and so far as we can learn, at all the points on the river where it has prevailed since the first of March, the disease is manifestly abating. Its ravages, on the whole, have been much exaggerated.

While such a disease is apparently hovering over us, it very naturally occupies much of our thoughts and attention. The public mind, fortunately, does not seem to be much excited, and the public press, to their credit be it spoken, has been remarkably temperate and judicious. We have become, of late, so much accustomed to the sound that *cholera* does not carry that terror with it that it formerly did. There is at present, a kind of apathy on the subject, which is fortunate, but which, we opine, is not very deep.

It cannot be disguised that the present visitation has, as far as it has yet gone, been a very fatal one. A large number of those attacked, have died in spite of all treatment. This is accounted for, in part, by the terrible severity of the disease, and in part by the delay of treatment till too late. When there is a premonitory stage, all physicians of experience agree in saying that the disease is very manageable, and they differ very little as to the proper treatment to be employed. The *indication* is plain—*check the diarrhœa and prevent collapse.* After collapse has supervened, any case becomes extremely serious and doubtful. A great variety of treatment is recommended, which it is not our purpose to specify, but a large proportion of the patients die.

The principal object of this article, is to call attention to a mode of treatment in the collapse stage, proposed by Dr. Ayre, of Hull, England. He speaks very confidently of his success, and quotes 219 confirmed cases, 180 of whom recovered. The remaining 39, or fatal cases, are detailed in the London Lancet, in which he published his communications, and seem to have died "for cause." Dr. Ayre thinks his treatment will prove successful in *every case* of simple cholera, that is, unless there is some organic disease or peculiarity to determine its mortality. (doubtful) The following extract will give a very good idea of what this practice is, and of its application.

"The objections which may be offered against the use of calomel in small and frequent doses, are, I believe, fourfold; one being, that serious injury is to be apprehended from the very large quantity of calomel that must be exhibited, and that salivation must necessarily result from it; and the second, that such a practice is equally inadmissible, for the tender years of infancy and the enfeebled ones of old age; also that, thirdly, when the vital powers are in abeyance, and the pulse extinguished, stimulants are chiefly indicated, and should alone be resorted to; and that when recoveries take place from the pulseless stage of collapse, it must be owing to the stimulants bringing on reaction when given as

auxiliary to the calomel. These objections, which may naturally arise against the practice, and which, indeed, I have heard stated, I have not, fortunately, the need of rebutting; on the plea, that in whatever quantity the medicine be given, or however unsuitable to the age of the patient to whom it is given, its effects cannot be so injurious as the loss of life which the disease would otherwise inevitably induce. For, happily no injury of any kind ever results from the use of it when common care is employed in its exhibition, and no stimulants were ever auxiliary to the relief afforded by calomel to any of my patients, for none was ever given by me in the stage of collapse. Indeed it was a purpose I ever kept in view, and always acted upon, from the first to the last of 219 patients whom I attended in the disease, to observe the utmost simplicity in my prescription; and trusting as I implicitly did, to the power of calomel to remove the stage of collapse, I forebore using all collateral or auxiliary means, and I did so from a full consideration of the value of preserving my conclusions from the entanglement of those errors which result from a mixture of means. Calomel, therefore, in the minute dose of one or two grains, with a drop or two of laudanum to assist the stomach to retain it, and given every five or ten minutes, was my sole remedy in the stage of collapse, and in the cases which I now subjoin, will be found the proofs of its efficacy.

But in estimating the effects which may result from the free use of calomel, when given in the stage of collapse, there is a fallacy to which we are exposed in our reasoning upon it, from the assumption that its effects upon the system will be analogous to those which it produces upon it under other forms of disease; whereas, as I have already had occasion to observe, pending the duration of the disease no ptyalism ever occurs during the exhibition of the calomel, or succeeds to its use, whatever may be the quantity given, or the length of time it is exhibited. In the hospital there was one of my patients, to whom it was found, from a very exact account that was kept, that no less than 580 grains were given; and one of my correspondents informed me that he had exhibited to one of his patients a larger quantity than this by 220 grains, and in both with the happy result of restoring early to health, and without the least appearance of ptyalism. But though neither ptyalism nor any other inconvenience is produced by calomel, when exhibited in the stage of collapse, yet if continued after this stage is wholly removed, its action on the system will be the same as it is in other diseases, and two or three grains will do then what as many hundreds could not do before. And in the cases presently to be given, it will be seen, not only with what freedom I gave that medicine, but also with what care I watched its exhibition, and attended to the lessening or suspension of it, as the collapse progressively subsided. By giving the remedy boldly, and yet cautiously, I was enabled to subdue the collapse, and by subduing the collapse to prevent the consecutive fever, and thus limit the duration of the disease to two or three days."

The Ohio School Journal, *Edited by Asa D. Lord, M. D.*—This is the title of a monthly sheet devoted to the cause of Education and Common Schools, published by J. H. Riley & Co., of the city of Columbus.

It is a well printed and ably conducted journal, and richly deserves a much more extensive patronage than it receives. Dr. Lord is not only an enthusiastic, but a practical, educator, and no man in the state has done more, if as much, to improve and extend the blessings of education. The journal is only *fifty cents* a year, and we hope all our patrons will feel it their duty to subscribe for it.

Meeting of the Ohio State Med. Society and Convention, *June 5th*, 1849.—Before the issue of the next number of our Journal, these bodies will have held their annual session. We hope all our readers will feel the importance of being present. It is very desirable that there be a full meeting. It is true that the profession should do something for itself, more effectual than it has yet done. We have allowed ourselves to be assailed on all sides—the forces of quackery are waxing bolder and bolder, while we, trusting alone in our own integrity and love of truth, have stood idly by, without returning a blow. We ought at least to guard and defend our own citadel, if we do not deem it advisable to descend to carry on an offensive warfare.

Among other matters to be brought before the convention, will be the subject of petitioning the Legislature to pass a law prohibiting the adulteration of medicines in Ohio. Congress has done its duty effectually, and it only remains for the several states to meet the general law, by a corresponding one of their own. Who will take the initiative in this matter, if the profession do not? Who knows of or cares for the extent or consequences of the evil until they are enlightened by us? If anything is done to render the late law of Congress entirely efficient in Ohio, it must be done through the influence of physicians.

Many other subjects of great interest, will be brought before the convention. In no previous year, perhaps, has there been so much claiming our attention and action. There ought to be a full attendance, much larger than ever before. Instead of one hundred, there should be, and there would be, did physicians fully understand their own interests, *one thousand* members. There are probably nearly or quite three thousand physicians in our state. Every third man *could* spend a few days for his own improvement, and the good of the whole, if he would but make the effort; but every sixth, or even every tenth man would give us a larger number than has ever yet assembled. There is a weight, a moral power in these large gatherings, which no individual influence can command.

Will not our readers, one and all, take especial pains to be in Columbus on the 5th day of June next? Will they not also do what they can to extend the notice of the meeting, and to induce others to be present?

Triumph of Vital Statistics.—Mr. Finlaison calculated from the events of preceding years, what ought to be the number of deaths which the Registrar General would be called on to record in the first year of his operations. The result was 355.968. The observed fact was 355.956—error 12.—*London Athenæum.*

Fat Children.—In Wayne Co., Indiana, are a couple of children who are quite a curiosity from their size. They both belong to the same family. The elder, a boy, weighed 120 pounds, at 4 years, 9 months, and the younger, a girl, 56 pounds, at one year. The west is a great country.

Medical Society *of the State of Georgia.*—We are pleased to record the evidences of an awakening spirit which seems to be everywhere animating our profession. A medical convention, composed of eighty delegates, met at Macon, Georgia, on the 20th of March, and after duly organizing, resolved itself into the "Medical Society of the State of Georgia." Dr. Lewis D. Ford, of Augusta, was elected President; Dr. D. Arnold, of Savannah, 1st Vice President; Dr. Thomas R. Lamar, of Ma-

con, 2d Vice President; Dr. JAMES M. GREEN, of Macon, Secretary, and Dr. C. T. QUINTARD, of Macon, Assistant Secretary.

The Society will be represented in the Nat. Med. Association, and it has already taken measures to attempt to secure a regular registration of marriages, births and deaths throughout the State. May it never weary in well doing.

In Louisiana too, we notice by the N. O. Journal, a State Medical Convention was to be held on the third Tuesday in March. What the result has been, we do not know, but presume a State Society was formed there. There ought not to be a state in the union destitute of such a society, and very soon, we trust, there will not be.

Collodion for Carious Teeth.—A piece of fine cotton, thoroughly soaked in the transparent fluid, and then inserted into the hollow of the tooth, previously cleansed and dried, has been followed by complete relief to the toothache, and has maintained its position for several weeks. —*Amer. Jour. Med. Science.*

LIMESTONE WATER AND CHOLERA.—During the last epidemic, N. England almost entirely escaped. Dr. J. S. Jackson of Boston, attributed this immunity to the fact that N. England is mostly a primitive granitic region, and that the water is consequently pure. He traces the progress of the cholera, and finds that in most places where it prevailed extensively or severely, lime-stone existed in abundance, and that the water was consequently largely impregnated with the salts of lime.

How much this has to do with the exciting or propagating the disease, we cannot tell. The following interesting letter and remarks on this subject, we extract from the *Western Journal of Medicine and Surgery.*

"We have just received a letter from Dr. H. B. Walton, of Nashville, giving some interesting particulars in relation to the appearance of cholera in that city. He states that the pestilence first appeared there about two months since, and that the average mortality from it had been about two a day. "The weather for the greater part of the time has been warm and wet. But," he adds, "the point to which I wish particularly to call your attention is the predilection of the disease for a certain quarter of the city. It has prevailed almost exclusively about a particular locality. At first, this appeared inexplicable; but since reading the remarks of Dr. Jackson on the connection between cholera and limestone regions, I have supposed that the cause was revealed. A large portion of the city of Nashville is supplied with water from the Cumberland; citizens in other parts use water from springs and wells which, of course, is largely impregnated with carbonate of lime. It is to the latter, with scarcely an exception, that cholera has been confined. Two cases presented themselves, which, at first, I supposed, were exceptions to the rule. One was a lady, who resided in that portion of the city where hydrant water is used; the other was a negro man living in the same quarter; but, on inquiry, I learned that the former used water from a spring in the cellar of her dwelling, and that the latter had been laboring in the vicinity of a spring from which he obtained all the water that he drank.

"A large majority of the more aggravated cases have occurred in a small neighborhood, in the vicinity of a spring more highly charged with lime than any other in the city. Whether it is to the use of this water, or to some other cause, that the disease has prevailed in this locality, while the city has been exempt from it, is a question not to be determin-

ed without further observation. But the fact is instructive, and, as bearing upon the local origin of cholera, I have deemed it worthy of being recorded."

It may be interesting to remark, in reference to the suggestion of Dr. Walton, that *cholera infantum* has prevailed with much less severity in Nashville since the introduction of hydrant water, as we were assured by physicians there some years ago. Nevertheless, we are not prepared to give our assent to the doctrine that cholera is produced by drinking limestone water. That it manifested a preference for limestone districts, in its former visit to our country, we had occasion to remark two years since, when speaking of the bearing of geology upon disease; but it does not follow that the water had any connection with it. We attempted to show that it was particularly in regions where the older, or blue limestone is the surface rock, that the pestilence was most fatal. But this is not more soluble than the other limestones. The water at Louisville is as highly charged with the grey limestone, as the water at Lexington is with the blue. In Louisville, the epidemic at its height carried off seven a day, in a population of 20,000; in Lexington, in a population of 5,000, sixty persons died in one day. At New Orleans, where there is no limestone, the disease was excessively destructive. At Cincinnati, Maysville, Lexington, and Versailles, all on the blue limestone, its mortality was great. At Nashville, again, at Murfreesboroug, Shelbyville, and Pulaski, it appeared in a malignant form, and they are all upon this rock. A few miles south of the latter places, the formation changes, and the epidemic was heard of no where beyond them. These facts are curious. They seem to show a relation between cholera and our geological formations; but they do not reveal the cause of the pestilence."

One city coming to its Senses.—We find in the New Orleans Med. and Surg. Journal the following resolutions, passed by the city authorities. They deserve much credit for even doing their duty in these degenerate days.

COUNCIL OF MUNICIPALITY, No. ONE.
Extract of the Sitting of Monday, 24th June, 1846.

Be it further Resolved, That the fact of announcing publicly, by posting hand-bills in public places, the sale of medicines for the cure of diseases, shall constitute a police misdemeanor.

Be it further Resolved, That a fine of twenty-five dollars shall be imposed on every bill sticker convicted of having posted up in one or several places, one or several hand-bills, offering for sale medicines for the cure of diseases.

[Signed] PAUL BERTUS, President,
A true copy: A. D. CROSSMAN, Mayor.

GUN-SHOT WOUND—*narrow escape.*—Dr. William Lindsay, of Donnelsville, has sent us an account of a case of gun-shot wound that occurred in his practice some years since. On the 27th of Nov., 1844, he was called to see the young man who was the subject of the accident, a son of Mr. Jacob Snider. While blowing into a rifle which he firmly believed was not loaded, he had the temerity to place his foot or great toe upon the hammer of the lock, and springing it, the piece exploded. He immediately fell, as though dead, but soon recovered the use of his faculties and limbs. On examination, it was found that the two front incisors of the upper jaw were gone, and that the ball entering there, had passed

upwards, almost exactly in the median line, that is to say, the ball entered the socket of the right incisor, with a slight inclination to the left, perforated the septum and, entering the frontal sinus, made its appearance under the skin and periosteum, about three fourths of an inch above the superciliary ridge, and a few lines on the left of the median line. The skull was fractured by the outward passage of the ball, but the brain did not seem to be at all affected. There was some hemorrhage from the mouth and nose, and an oozing of blood from the inner canthus of the left eye. One tooth was discovered and removed from the wound some days after the accident, the other was not found. Small spiculæ of bone came from the wound at intervals, and some six weeks after the accident, Dr. Lindsay removed a portion of dead bone from high up in the left nostril. The ball was, of course, removed, and with it the "patch," and the wound properly dressed. No untoward symptoms occurred, and the young man speedily recovered.

The only remarkable circumstance about this case is, the very fortunate direction and lodgement of the ball. Had the young man's head been in almost any other possible position, he must have been instantly killed. As it was, the ball kept so near the median line as to avoid all important vessels, nerves and organs. It probably did not enter the cavity of the brain at all, else there would have been more disturbance of the cerebral functions. The young man had a most fortunate escape.

Local Anæsthesia.—The local application of Chloroform for the relief of pain, has now become quite common. In some cases it seems to deaden the sensibility so far as very much to diminish, if not annul the pain in slight surgical operations, but its chief utility, locally applied, will probably be found in its power of quieting pain. The following is quoted from the London Med. Gazette, in the Amer. Jour. of Med. Sciences.

"Mr. Higginson communicated to the Liverpool Medical and Pathological Society, the case of a lady, aged 25 years, in labor with her first child: the perineum had long been on the stretch by the head, which was tumefied by the pressure; the pain was great with each uterine contraction, but was referred entirely to the perineum, no pain being apparently felt from the uterine contraction itself.

About half a drachm of chloroform was poured upon a handkerchief in the ordinary manner, but instead of being applied to the mouth, it was held in almost immediate contact with the perineum. The pain immediately ceased, though the uterine contractions continued in full force; and the first intimation the patient had of the progress of the labor, was hearing the child cry. Her mind was not at all affected, nor was intellectual consciousness in any degree diminished.

He had observed the same thing, though in a less degree, when the chloroform had been applied to the sacrum in other cases.

He had also applied this agent to the os uteri of a patient suffering from very severe dysmenorhœa, by means of a sponge placed in a curved glass speculum, which was introduced into the vagina. The pain almost immediately abated, and on its return, after some hours, the patient re-applied it herself with similar benefit.

Dr. Watson mentioned some cases confirmatory of its good effects when locally applied. He had painted it over a swelled testicle, with speedy relief to the pain, and had applied it along the course of the spine with a similar result in a case of acute spinal tenderness, which had not

been relieved by other treatment. He had also applied it to the surface of a large mammary abscess prior to opening it, which was afterwards done without suffering to the patient; and also to the vulva of a woman before cauterizing the orifice of the urethra. It had relieved the cramp and collapse in a case of English cholera, when laid upon the epigastrium, and had abated the pain almost immediately when painted round the edge of a surface to which potassa fusa had been applied for the purpose of forming an issue."

Substitutes for Chloroform. Chloride of Olefiant Gas—or Dutch oil.—This substance is recommended by Mr. Nunnely of Leeds, as a substitute for chloroform. From his experiments, he is inclined to think it more effectual, pleasant and speedy in its effects than the chloroform.

Naptha has been used as an anæsthetic by Prof. Simpson. He says it is as powerful as chloroform, but not so pleasant, and its only advantage is its cheapness.

Transylvania University, Medical Department.—The catalogue gives us the names of 120 students as members of the last class in this Institution, of whom 46, an unusually large proportion, were admitted to the degree of M. D. The Hon. Degree was conferred upon Dr. Jas. Rawlins of Ky., Dr. John Dorier of Mo., and Dr. Luke Munsell of Ind.

We understand that Profs. Mitchell and Bartlett have both resigned, and that the latter has accepted the chair vacated by Prof. Drake in the Louisville Med. Institute. Henry M. Bullit, M. D., formerly Prof. in the Med. Department of St. Louis University, has been appointed to Prof. Mitchell's chair, and the chair of Theory and Practice will be filled before the 1st of July next. The Faculty of this College is an able one, and they are determined to maintain their position in spite of some adverse circumstances which seem, just now, to surround them.

Medical College of Ohio.—The catalogue of this Institution gives the names of 175 as the number of the last class, of whom 50 were graduates.

National Medical College.—The editor of the Buffalo Med. Journal proposes for the consideration of the profession, the project of establishing a National Medical College of a high order, where scientific and professional studies could be pursued to any extent desired. We would like to see such an establishment, but fear that at present, the scheme is impracticable.

Annual Tabular Sheet of the American Society of Dental Surgeons.—"The design of this sheet," as stated on its title page, "is to show, by the collection of a sufficient number of facts, the relative frequency of Dental Diseases and success of Dental operations under varying circumstances of age, temperament, situation and physical character of the teeth." Three tables are given, with blank spaces for a large number of particulars, and each member of the association is requested to fill them up with the results of his practice. In this way, by analysis and comparison, a vast amount of valuable information is gathered, which is circulated for the benefit of the whole professsion.

We think our Societies might derive a very useful and practical hint from this plan of our brethren, the Dentists.

Chinoidine.—This substance has attracted considerable attention of late. It may, undoubtedly, in many cases, supply the place of quinine, or at least keep up the impression upon the system which the quinine has produced. A pamphlet, giving a scientific description of the mode of preparing this substance, with its therapeutic applications and effects, has been sent us by William Weightman, of Philadelphia. The article he prepares is, without doubt, pure and genuine. We hope our readers will give it a trial. It can be obtained in Columbus of Denig and Son, Druggists, corner of High and Rich sts.

Lenawee County Medical Society, Michigan.—Our friend and former pupil, R. B. C. Newcomb, M. D., has forwarded to our address, a copy of the Constitution and By-laws of the above society. They are of the right stamp, and show that the physicians of Lenawee County are actuated by the proper spirit. We predict that they will not only live in harmony among themselves, but will secure the respect and confidence of the community in an eminent degree. We have always observed that where the physicians quarrel, quackery abounds, and the public not only lose respect for, but confidence in, our whole profession. An honorable member of a well conducted medical society is very seldom a party to medical strife. His emulation is excited, but it is to excel in doing good. We wish the Lenawee Co. Med. Soc., and every similar one, abundant success.

Manual Delivery of the Placenta.—After quoting, approvingly, a portion of the able article on this subject, by J. Byrd Smith, M. D., of Cincinnati, in our January No., the learned editor of the Buffalo Medical Journal makes the following remarks. We commend them and the article beforementioned, to the attention of our readers.

"The foregoing method of delivery of the placenta, we have practiced for the last ten years, or more, and had supposed it was peculiar to ourselves. Being at variance with the rules laid down by the best authorities in obstetrics, we have heretofore avoided any publication of our ideas on the subject; we have, however, been in the habit of expressing our opinion of the advantages of the practice in familiar intercourse with medical friends, but not, so far as we know, with the effect of its adoption by any of them. Finding, now, the same views enunciated in a communication by a respectable practitioner, we embrace the opportunity to state the results of our experience, which is much greater than that of the writer referred to, having extended over a period of, at least ten years.

The course which we invariably pursue, is as follows:—

Directly after the fœtus is expelled, or delivered, and the funis severed, we grasp, with one or both hands, the uterus above the pubis, and excite its contraction, by manipulation with the fingers, through the abdominal walls, varying the degree of pressure with the tenderness over the abdomen, never, of course, using force enough to occasion much, if any pain. The uterus will be readily felt contracting under the fingers, until at length it becomes firmly contracted. We then intermit our manipulations, and, if convenient, it is well for an assistant to make firm pressure over the lower part of the abdomen. Next, seizing the funis, we endeavor to follow up with the finger to its attachment to the placenta. Often this will be easy, the placenta being entirely detached, and lying on the os uteri, or in the vagina. We never make much, if

any traction of the cord; but if the placenta be not readily felt, we proceed, with but little if any delay, gradually and carefully, to insinuate the fingers, arranged conically, into the vagina. In this procedure, we never give pain; if the patient complain in the least, we advance more slowly, or not at all. But in the vast majority of cases, the introduction of the fingers, and even the hand, (if it be not of a large size) is unattended by suffering. Generally, the fingers introduced will reach the placenta, or uterine contraction will be excited, which will bring the placenta within reach. If not, the hand is carried forward, provided no pain is occasioned. When the placenta is reached, we make careful efforts of extraction, hooking a finger over a portion of it, or plunging a finger into its structure. These efforts, and the presence of the hand, scarcely ever fail to excite contraction, and generally the necessity for continued manual delivery is slight—the accoucher has only to withdraw his fingers, or hand, before the advancing placenta, giving a little assistance if required.

The advantages of the delivery of the placenta in the manner just described, as it appears to us, are obvious. The patient is rendered comfortable, and in a condition to be put to bed, with less delay than when spontaneous expulsion is waited for. After the fœtus is expelled, there is always impatience and apprehension if the remainder of labor be protracted. The patient is fearful of something wrong, and will hardly be quieted by assurances to the contrary. The delay is vexatious to all parties. There is less danger of hemorrhage after the placenta has been removed, and the uterus has firmly contracted. Certainly, the manœuvre does not produce great liability to hemorrhage. Since we have pursued the plan, we cannot recall a single case in which hemorrhage occurred to a degree to excite anxiety. It is well known that when hemorrhage occurs, the placenta being retained, the most effectual method of arresting the flow of blood, is the manual delivery of the placenta. In those cases in which manual interference is required after waiting the length of time prescribed for the spontaneous conclusion of labor, the operation is rendered painful by the delay—the parts soon becoming sensitive and contracted. But directly after the delivery of the fœtus, while the parts are greatly relaxed, and the sensibility of the nerves obtunded, the manipulation is wholly unattended by suffering, provided proper gentleness be observed.

The only objection which seems to us to require notice, is the license which it may afford for roughness and force, by those who will look only to the end to be attained, without observing the requisite conditions.—These conditions are, that no violence is ever to be used, and no efforts made, or continued, which occasion pain. But this is an objection which will apply to almost everything excellent. Abuses furnish no valid arguments against what is good or useful if properly used; or, to speak more properly, the danger of mal-practice should not obstruct the advantages of good practice."

Cholera in Great Britain.—Cholera continues to make but very slow progress in Great Britain. The subjoined table gives the number of cases and deaths up to the 21st of February:

	Cases.	Deaths.
London,	1,066	559
Provinces,	942	390
Scotland,	10,552	4612
	12,560	5561

Tincture of the seeds of the Burdock in Psoriasis.—Dr. J. F. Meigs, at a recent meeting of the College of Physicians, of Phila., stated that "a practitioner from the interior of the state, Dr. Riter, mentioned to him, recently, that he had succeeded in curing many cases of psoriasis by a saturated tincture of the seeds of the burdock. He had suffered, himself, for many years from psoriasis upon his legs; at the suggestion of a non-professional acquaintance he was induced to make a trial of the burdock. He used a table-spoonful three times a day for several months, when an entire cure of the disease was effected."

Medicines for Cholera.—The Central Board of Health of Dublin recommend that each visiting physician, instead of writing prescriptions, should carry a small medicine box containing,—

"Carbonate of ammonia, in waxed papers, each paper containing 40 grains, with the following directions on the outside:—"Dissolve this powder in half a pint of water, give two table-spoonsful every hour."

Compound powder of chalk with opium—(Pulv. cretæ c. opio,) in packets, each paper containing 10 grains of the powder, with printed directions:—"One powder every half hour until the looseness ceases."

Pills of powdered opium, each containing one quarter of a grain of opium, and two grains of powdered ginger, made up with oil of peppermint, with a printed label:—"Opium pills, one every half hour until the looseness ceases."

Pills of mercury and opium, each containing one quarter of a grain of calomel, two grains of hydrargyrum c. creta (mercury with chalk,) and a quarter of a grain of opium, made up with oil of caraway, with a printed label:—"Mercury and opium pills, one every half hour."

Bottles (one or two ounce phials, with cork stoppers.)

1. Containing—Tincture of opium (laudanum.)
2. " Hoffman's liquor.
3. " Tincture of rhatany.
4. " Creosote.

Along with the box should be carried a small jar of strong brown mustard.

The commissioners do not recommend that fluid applications of any kind should be employed in frictions on the body or limbs, as the cold consequent on prolonged exposure and evaporation more than counterbalances any supposed good effect from friction, which, if at all used, should be made merely with the warm hand, without disturbing the bed clothes. The commissioners also advise that when patients suffer from thirst, they should in general be permitted to drink freely, as experience shows that the denial of drink does not check vomiting, while it increases very much the suffering of the patient, from the burning thirst that so often accompanies the disease."

Patent and Secret Medicines.—It is amusing as well as melancholy, to read over in the public newspapers the advertisements of the unprincipled dealers in secret medicines. Assurance, impudence and falsehood can scarcely go further. One would suppose that the public, seeing so many and such contradictory statements and promises, would have, at least as much sense as the negro when told that Jonah swallowed the whale, that they would discredit them all; but no, the more falsehoods that can be crammed into a small space, the more noisy and importunate the quack or the vender, the more oily do their throats become, and, like Oliver, they are constantly "asking for more."

Take up almost any newspaper, and observe how large a portion of its columns is prostituted to the unholy purposes of deception and humbug. Several lie before us. Let us examine one or two. The first is a leading daily paper of considerable circulation and influence. It contains in all twenty columns, fifteen of which are devoted to advertisements of all descriptions. Of these fifteen columns, about two and a half herald the praises and sound the virtues of quack medicines, and this is rather less than the usual proportion. First, we have "Ten reasons for using Dr. *Bragg's* (a capital name,) sugar coated pills,"—then "A good medicine," next "Be wise in time, 'tis folly to defer;"—"Vegetable *vs* Mineral," "Read, mark and partake," (especially the partake!) and so on.

The next paper is a weekly from one of the principal cities of Massachusetts. Although they *brag* enough there, in all conscience, we do not know that *Doctor!* (save the mark!) *Bragg* has extended his operations so far. Though the whole world, the medical faculty included, are generally convinced of the transcendently miraculous power of numerous nostrums, it is only now and then that one pushes its way beyond a comparatively limited circle. The paper referred to has twenty eight columns, only nine of which contain advertisements, and over *four* of these are paid for by nostrum mongers. There is old Townsend with his Sarsaparilla, belaboring young Townsend and his Sarsaparilla. There is young Townsend's "Tricks of Quacks," and old Townsend's "Reply to Tricks of Quacks." They each make the other out a precious villain, and we believe them both. Then there is "Consumption cured" and "Fits! fits!" in a black ground like a coffin. Ten thousand persons have been cured by one remedy, and ten thousand more are *wanted* to be cured by all the rest. So it goes—a regular trade of humbug and cheatery—and otherwise respectable men are found in every community, ready for money to lend themselves to the fraud.

There is one establishment in Columbus for the exclusive sale of patent and *family* medicines. We like this plan. Isolate the business.—Respectable druggists should have nothing to do with it. Let it be by itself, and the very multiplicity of its cure-alls and flaming hand-bills becomes suspicious, as well as ridiculous. We suppose that some honest men engage, thoughtlessly, in this highly dishonest and disreputable traffic;—we suppose that more don't think of or care for, consequences, if the money comes,—but for ourself, there is no honest calling, however humble or degraded, that would not be preferred.

We hope to see the time, and that shortly, when every druggist who deals in secret nostrums, will be shunned by our profession, and left to depend upon the patronage he prefers.

Our Journal.—The present No. of the Journal contains less original matter than usual, because several of our friends failed to redeem their promises in time. We beg our correspondents to remember two things—1*st*, that there is little danger of our being over-stocked with original articles, and 2*nd*, that the *earlier* they are sent in after a number is published, the better. We also wish to remind them that we are obliged to furnish matter for a whole number every two months, and that we hope they will not be wearied in well doing. Our labors as editor, are as much a work of love, as theirs, as contributors. We, however, can find no fault thus far. We have met with nothing but kindness and encouragement on all sides, and we hope to be able in future, better to deserve them than heretofore.

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